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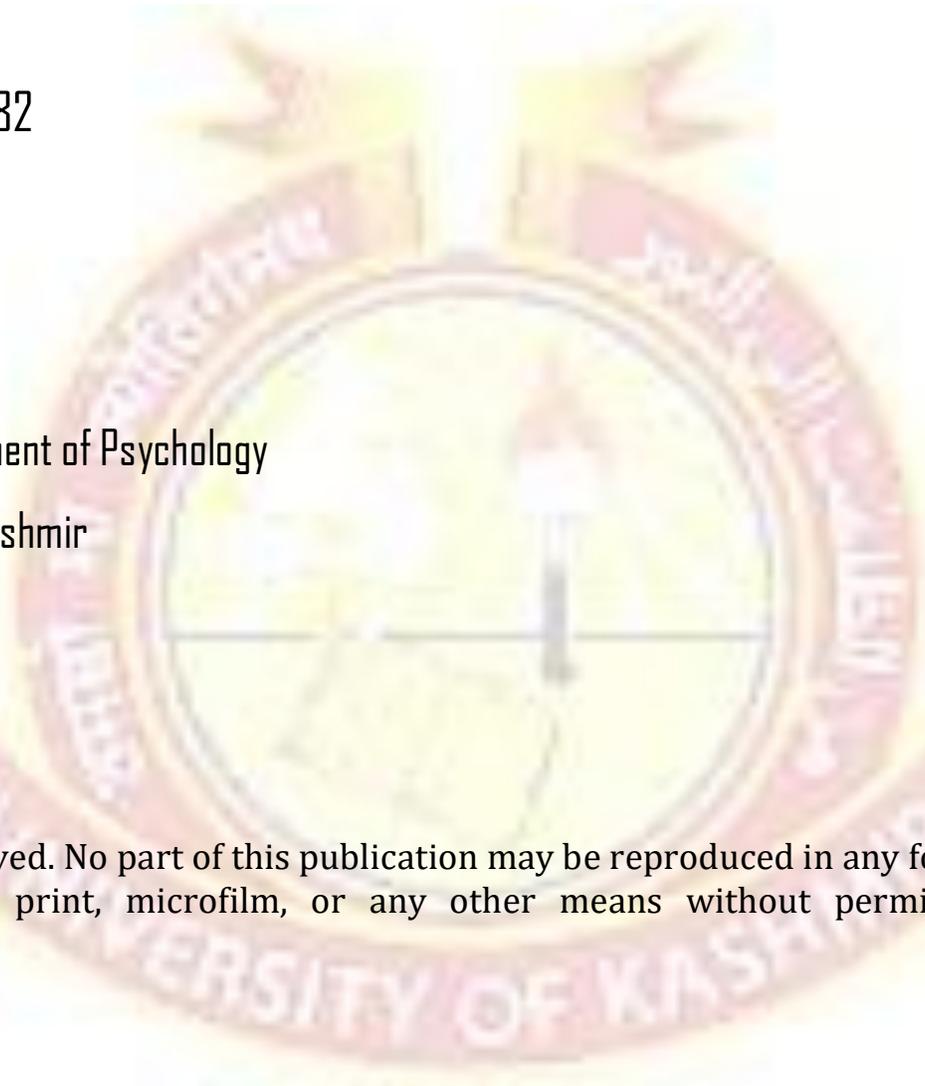
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About :

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Exploring the Psycho-Tech Determinants of Social Websites to modify Human Behaviour: A case study on Persons with Disabilities to fill the Psycho-Tech Gaps

Abid Ismail * & Dr. K. S. Kuppusamy **

Abstract

In this study, we selected top eight social websites and five Persons with Disabilities (PwDs), for the evaluation process in two perspectives- Psychological (Psycho) and Technological (Tech) called Psycho-Tech, to explore the Psycho-Tech determinants to modify the behaviour towards positive for PwDs. For this process, twelve psychological parameters and three web evaluation tools were used. It was found that the overall impact of social websites falls high towards negative and less towards positive experiences. Also, it was found that Twitter shows too many violations than others; and as per Alexa report, only 5 websites lie within 100 and 3 websites lie above 100 Global ranking. It is inferred that the most common potential problems should be focussed and solved so that we can achieve better web accessibility. The highlighted areas concern with regard to advertisements, images, navigation, screen readers, text size, font, accessibility features, and privacy, etc. reported by PwDs. It is recommended that web developers and designers should follow the guidelines properly and concentrate on the highlighted areas.

Key Words: *Social website, Psychological Consequences, Web Accessibility, Evaluation Tools, Web Content Accessibility Guidelines (WCAG), Persons with Disabilitie.*

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Introduction

According to Tim Berners Lee, the power of the Web is in its Universality. Access by everyone regardless of disability is an essential aspect. Disability is defined as the limited use of movements, senses, or activities by the physical and mental conditions. There are over a billion people means 15% of the World population who suffers from different forms of disabilities as reported by World Health Organization. In Modern times, to make the persons with disabilities (PwDs) to perceive, understand, navigate, and interact with the Web is the main target of the technology.

Persons with Disability (PwDs)

There are different groups of disabilities present in the society. Such as, a. Blind People, b. Low vision People, c. Colour blind People, d. Deaf People, e. Deaf blind People, f. Dexterity or Motor Disability People, g. Speech Disability People, h. Cognitive Disability People, i. Reading Disability People, j. Seizure Disability People, etc. These groups are also using websites for different purposes but face many problems during accessing the websites.

Social Websites

To create social relations or interactions among the people globally, there is online platform that people can use called social websites. It is social websites which bring the people closer & closer irrespective of any caste, creed and colour. Instead of democracy of social websites, there are some psychological barriers and technological barriers faced by People with Disabilities. The top 20 most popular social websites trends[1] are given in Table 1. But, in this study we are using some samples of social websites to calculate their inferences with respect to Persons with

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[1] Twenty popular social media sites right now - small business trends, https://smallbiztrends.com/2016/05/popular-social-media-sites.html, 2017. Accessed November 21,2017.

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disabilities. The results of the social websites which we are chosen for analysing PwDs are in results section and their explanations are mentioned in discussion section. In addition to this, some valuable suggestions are also provided in this study with respect to social websites.

Table 1: Top 20 Popular Social websites in 2016

S.No.	Social Website	S.No.	Social Website
1	Facebook	11	Snapchat
2	Twitter	12	WhatsApp
3	LinkedIn	13	Quora
4	Google+	14	Vine
5	Youtube	15	Periscope
6	Pinterest	16	Bizsugar
7	Instagram	17	StumbleUpon
8	Tumblr	18	Delicious
9	Flickr	19	Digg
10	Reddit	20	Viber

Review of Literature

Every day, there are over two billion pictures uploaded on Facebook, Instagram, WhatsApp, LinkedIn and Messenger by users. It is reality that there are millions of People who are Visually impaired or partially blind, to check how they interact with images is interesting? In 2006, the Facebook released its ground-breaking alternative text feature for Images. In addition to this, for

visually and auditory disabled people, Artificial Intelligence plays a vital role to bringing down the barriers for people.

Technology provides the Google Translate to solve the problems of language diversity and culture during communicating with people from all over the world. In 2016, PixelBuds released by Google which have a capability to translate your hearing means what you hear into 40 different languages in the real time. There are many other technological innovations like environment recognition applications, brain computer interfaces, self-driving cars, etc. which help the lives of everyone especially people with disabilities in better way.

Technology also provides the machine learning approaches to benefit the learning disabilities like dyslexia along with the people having attention deficit problems, low learning skills and mental disorders. A study was carried out by researchers (Kanagavel & Velayutham, 2012) to analyse India and the Netherland college students in terms of using the social networks. They found that the Indian students spend more time than Dutch students but show less participation than Dutch students in browsing the social websites. Researchers like (Kuppuswamy & Narayan, 2010) explored the impact of social networking sites like Orkut, Facebook, MySpace, etc. on the education of the youth. They analysed the impact of these social websites in both positive as well as in a negative way. It was found that the positive and negative impacts of these sites depend on the area of interest and it varies from person to person. Another study was carried out by researchers like (O'Keeffe & Clarke-Pearson, 2011; Wright & Hinson, 2009; Zunzunegui et al., 2003; MacTurk et al., 1993), etc. on social websites. Based on the social website's study, they find the consequences of these social websites and also provide proper suggestions for their usage. Patti M-Valkenburg and others investigates the social networking sites by conducting a survey of 881 users from 10 to 19 years old having accounts on social websites (Valkenburg et

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al., 2006). They investigate the consequences of these friendly social websites with respect to their self-esteem and well-being. It was found that there are both positive as well as negative feedbacks on the profiles in terms of social self-esteem and well-being. The empirical study was carried out on social websites specifically Facebook of VI people (Wu & Adamic, 2014). Based on the study carried out on VI, they provide some implications for improving the social websites for people in terms of utility and usability of these social websites. People with disabilities are vulnerable to isolation. It has been found that internet-based support can make online sense of community through computer-based media channels. In an online survey based on 160 samples of users performed by researchers (Obst & Stafurik, 2010), it was found that the users received normal support and personal advice while using online communities like Orkut, Facebook, Telegram etc. In addition, they also found the positive association between participant's well-being with respect to their personal growth and relations while using online social communities. Another empirical study was carried out by researchers (Fotis et al., 2012) among holiday travellers. It was found that the social media plays vital role and impact on holiday travellers during traveling process. The user-generated contents on social media are more trustworthy than the contents provided by tourism websites, advertising agencies, and travel agents. Researchers like (Abedniya & Mahmouei, 2010) explored the role of social networking websites on viral marketing. They also examined the patterns of correlations between playfulness, critical mass, community-driven, peer pressure, perceived- ease of use, usefulness and rapid diffusion to audience reaches. In addition to, the accessibility and readability of these social websites play the vital role for persons with disabilities. The researchers (Ismail & Kuppusamy, 2018; Ismail et al., 2018; Ismail et al., 2017; Ismail & Kuppusamy, 2016; Ojha et al., 2018; Ismail & Kuppusamy, 2019), etc. have also carried out the research on websites of Indian universities, Colleges,

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Government websites, etc. in terms of accessibility and readability perspective of websites. They have also provided some useful suggestions and tips to make the websites socially accessible for all to avoid the gap of isolation of web resources. In spite of this, social websites also play a vital role in the development of self-esteem, happiness, and optimism among the people if they are used judiciously as similar work was carried out by researchers (Wani & Dar, 2017) on university students with respect to said parameters.

Social websites and Communication

Social websites play a vital role in communication processes among the people especially PwDs. At the same time, there are many communication barriers which are faced by users of the websites during accessing the websites. Some are as under:

(i)   Mechanical Barriers:

A communication may not reach properly if the mechanism that carries it breaks down.

(ii)   Physical Barriers:

Sometimes background noise reduces the audibility of the spoken word. For example, the time taken for the message to reach its destination can become a barrier like in Facebook, telegram, twitter, etc.

(iii)   Psychological Barriers:

These types of barriers require greater effort to overcome. For example, a person of weak hearing or a person of weak eyesight cannot always receive the communication in full or clear manner. One may be too young or too old to understand the things. Another barrier is a person's educational level means background knowledge is required to understand certain messages.

(iv)   Language and Semantic Barriers:

This type of barrier deals with the semantics means the word generates different meanings in different minds and creates conflict with one another.

Is there need to change behaviour?

As a result of experience, change in behaviour is a form of learning. Different psychologists and behavioural scientists explained and defined this change in behaviour differently. According to Stephen P. Robbins, Learning is any relatively permanent change in behaviour that occurs as a result of experience. The factors that determine learning called the determinants of learning, includes motive, response, reinforcement and relation. These factors of learning play a vital role in social websites to change the behaviour towards positive as well as negative depend on the reinforcement and stimuli achieved by PwDs.

Technologically, the data which we received from the determinants of learning by using psychological methods is used in machine learning approaches to train the data. The trained data later is used to obtain the other factors of learning determinants which is not possible psychologically. Thus, the machine learning approaches used in social websites can benefit the society too in terms of learning aspects.

Social websites and Technology used

Making the society happy, technology plays a vital role in modern times. It is the technology through which we can achieve the modification of behaviour among the people. Social websites are the one which is based on the web technology. Now, the thing is whether this technology is accessible or inaccessible for social websites during its usage. If accessible, then what the user experiences in terms of technology and psychology used. If not accessible, then what we have to do to make it accessible in order to avoid the inequalities.

As per technology concern, the social websites are now preliminary target to help society in terms of their behaviours, communications, businesses, education, collaborations, advertisements, social works, etc. throughout the world. Thus, the matter is filling the gap technologically and psychologically between accessibility and inaccessibility of social websites among the people who have different forms of disabilities.

Web Accessibility

Web Accessibility is all about making the websites and applications that everyone can perceive, understand, navigate and interact especially Persons with Disabilities (PwDs).

The World Wide Web Consortium (W3C) framed the standards like WCAG 1.0, WCAG 2.0, and now the updated version of WCAG 2.0 called WCAG 2.1 proposed for making the web technology more accessible. The developers and designers of the websites should follow the guidelines which are proposed by W3C so that we can claim the site is accessible or otherwise the sites are not.

There are 12 guidelines framed for making the websites accessible based on 4 Principles (P-Perceivable, O- Operable, U- Understandable, R- Robust) of WCAG 2.0[2] these are presented in Table 2. There are many tools such as Achecker, WAVE, aXe, Hera, CythiaSays, Evalaccess, etc. which are based on these guidelines to check the accessibility status of websites.

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[2] WWW, https://www.w3.org/TR/WCAG20/. Accessed December 28,2017.

Table 2: Principles and Guidelines of Web Content Accessibility Guidelines

(WCAG 2.0)

WCAG 2.0	Principles	Guidelines
P	Perceivable Principle	1. Text Alternative Guideline 2. Time based media Guideline 3. Adaptable Guideline 4. Distinguish Guideline
O	Operable Principle	1. Keyboard Accessible Guideline 2. Enough time Guideline 3. Seizures Guideline 4. Navigable Guideline
U	Understandable Principle	1. Readable Guideline 2. Predictable Guideline 3. Input assistance Guideline
R	Robust Principle	1. Compatible Guideline

Objectives

The objectives of the study include:

1. To analyse social websites in terms of their impact on society.

2. To find the accessibility hindrances while browsing the sites.

3. To find the effect of social websites on persons with disabilities.

4. To extract the positive and negative user experiences of using the social websites.

5. To provide suggestions for making the social websites better in terms of psychological and technological aspects.

Methodology

In this study, we collected the data of social websites with respect to Persons with Disabilities in two ways by using the psychological and technological procedures. The parameters or attributes which are used with respect to methods along with data are mentioned in following two procedures.

Psychological Procedure

In this psychological procedure, we collected the data from different users having different types of disabilities based on the Table 3 parameters.

Table 3: List of Parameters dealing with Psychological consequences

S.No.	Parameters (Psychological Consequences)	Impact
01	Addiction	Negative
02	Attention seeking behaviour	Positive or Negative
03	Communication- ease in communication	Positive
04	Concentration Loss	Negative
05	Disturbance in Neural secretion	Negative
06	Emotional Blackmailing	Negative
07	Modelling/Observational learning/Imitation/Self actualization	Positive or Negative
08	Phishing	Negative

09	Stress includes job dissatisfaction, moodiness, depression, anger, anxiety, nervousness, irritability, tension, emotional fatigue	Negative
10	Social deception	Negative
11	Social Cohesiveness	Positive
12	Sleep disturbances	Negative

Technological Procedure

There are different tools available which are based on W3C guidelines used for web accessibility evaluation procedures. In this technological procedure, we collected the data from social websites by using the following web evaluation tools:

1. Achecker web accessibility checker Tool[3].

2. WAVE web accessibility evaluation Tool[4].

3. Alexa website ranking Tool[5].

1. ***Achecker Tool:*** Achecker Tool is also called Web Accessibility Checker Tool. It is based on WCAG guidelines framed by W3C and other country specific web guidelines. We used WCAG 2.0 under Levels A, AA, AAA for social websites to get the results in terms of Known Problems (KP), Likely Problems (LP), Potential Problems (PP), HTML Validation (HV) and CSS Validation (CV).

2. ***WAVE Tool:*** WAVE Tool is called as Web Accessibility Evaluation Tool. It is also based on WCAG guidelines framed by W3C. It gives the evaluation result of websites in

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[3] Achecker Tool, https://achecker.ca/checker/index.php. Accessed December 2017.

4 WAVE Tool, https://wave.webaim.org/. Accessed December 2017.

5 Alexa Tool, https://www.alexa.com/siteinfo. Accessed December 2017.

terms of their Errors (E), Alerts (A), Structural Elements (SE), HTML5 and ARIA (HA) and Contrast Errors (C).

3. *Alexa Tool:* The Alexa tool is also called a website traffic, statistics and analytics tool. It is used to find the popularity of the website. It gives the score of the website in terms of rank in global as well as country based.

Results

We selected the following social websites (Table 4) for our evaluation processes to find the Psycho-Tech gap of inaccessibility, and accordingly provide some useful suggestions to make the sites accessible.

Table 4: List of Social Websites

S.No.	Social website	Urls
01	Facebook	https://www.facebook.com/
02	Twitter	https://twitter.com/?lang=en
03	Messenger	https://www.messenger.com
04	Telegram	https://web.telegram.org/
05	LinkedIn	https://www.linkedin.com/
06	Instagram	https://www.instagram.com/
07	Skype	https://web.skype.com/en/
08	WhatsApp	https://web.whatsapp.com/

The results of these social websites are obtained in two ways- one way of our study is to discuss with Persons with Disabilities (PwDs) to obtain the result and another way to evaluate these

websites by using online automatic evaluation tools. Table 5 represents the status of using the social websites with respect to particular category of users (PwDs).

Table 5: Response Table whether users are using the social websites or not.

Social Website	User-1	User-2	User-3	User-4	User-5
Facebook	Yes	Yes	Yes	Yes	No
Twitter	No	No	Yes	No	Yes
Messenger	No	Yes	Yes	Yes	Yes
Telegram	No	No	Yes	Yes	No
LinkedIn	No	No	Yes	No	No
Instagram	No	No	Yes	Yes	Yes
Skype	No	No	No	Yes	Yes
WhatsApp	Yes	Yes	Yes	Yes	Yes

The impact of psychological parameters versus type of Users with respect to social websites along with their Mean and Standard Deviation are shown in Table 6.

We used online web evaluation tools to evaluate the social websites with respect to guidelines framed by WCAG. The overall result of Achecker web evaluation tool of Social Websites is presented in Table 7 and the Figure 4 shows the Mean result of Achecker tool among the selected social websites.

The feature-based evaluation result of social websites like Errors, Features, Structural elements, HTML5 and ARIA, and contrast errors of WAVE tool are represented in Table 8.

The popularity of websites as indicated by Alexa tool in terms of Global ranking and the National ranking of websites are presented in Table 9.

Table 6: Psychological Parameters response with respect to Users of Social Websites

P	Psychological Consequences	U1	U2	U3	U4	U5	T	%	M	SD
P1	Addiction	0	1	0	1	1	3	60	0.6	0.55
P2	Attention seeking behaviour	1	1	1	1	0	4	80	0.8	0.45
P3	Communication- ease in communication	1	1	1	0	0	3	60	0.6	0.55
P4	Concentration Loss	1	1	0	1	1	4	80	0.8	0.45
P5	Disturbance in Neural secretion	0	0	0	1	1	2	40	0.4	0.55
P6	Emotional Blackmailing	1	1	1	1	1	5	100	1	0
P7	Modelling/Observational learning/ Imitation/Self actualization	0	0	0	1	1	2	40	0.4	0.55
P8	Phishing	0	1	1	0	0	2	40	0.4	0.55
P9	Stress includes job dissatisfaction, moodiness,	1	1	0	0	1	3	60	0.6	0.55

	depression, anger, anxiety, nervousness, irritability, tension, emotional fatique									
P10	Social deception	0	1	1	1	1	4	80	0.8	0.45
P11	Social Cohesiveness	1	0	1	1	0	3	60	0.6	0.55
P12	Sleep disturbances	1	0	0	1	1	3	60	0.6	0.55

Note: P= parameter, U= user, T= total, M= mean, SD= standard deviation.

Table 7: Achecker Tool- A Web Evaluation Result of Eight (8) Social Websites

Achecker tool report of WCAG 2.0 Levels of Social websites									
Levels	**Problems**	**Facebook**	**Twitter**	**Messenger**	**Telegram**	**Linked In**	**Instagram**	**Skype**	**WhatsApp**
Level A	Known	1	52	1	0	3	0	3	2
	Likely	0	0	0	0	0	0	0	0
	Potential	174	716	174	8	61	38	37	27
	HTML Validation	23	154	6	4	13	0	22	1
	CSS Validation	33	63	41	95	123	0	7	3
Level AA	Known	11	113	11	0	3	0	3	2
	Likely	0	0	0	0	0	0	0	0

	Potential	184	775	184	10	68	40	49	31
	HTML Validation	23	154	6	4	13	0	22	1
	CSS Validation	33	63	41	95	123	0	7	3
Level AAA	Known	11	118	11	0	3	0	3	2
	Likely	0	0	0	0	0	0	0	0
	Potential	189	766	189	12	73	42	54	36
	HTML Validation	23	154	6	4	13	0	22	1
	CSS Validation	33	63	41	95	123	0	7	3
Total		**738**	**3191**	**711**	**327**	**619**	**120**	**236**	**112**
Mean		**49.2**	**212.73**	**47.4**	**21.8**	**41.27**	**8**	**15.73**	**7.47**
STDEV		**70.02**	**284.56**	**71.49**	**38.08**	**49.32**	**16.58**	**18.12**	**12.51**

Figure 4: Achecker Tool- Mean of Social Websites
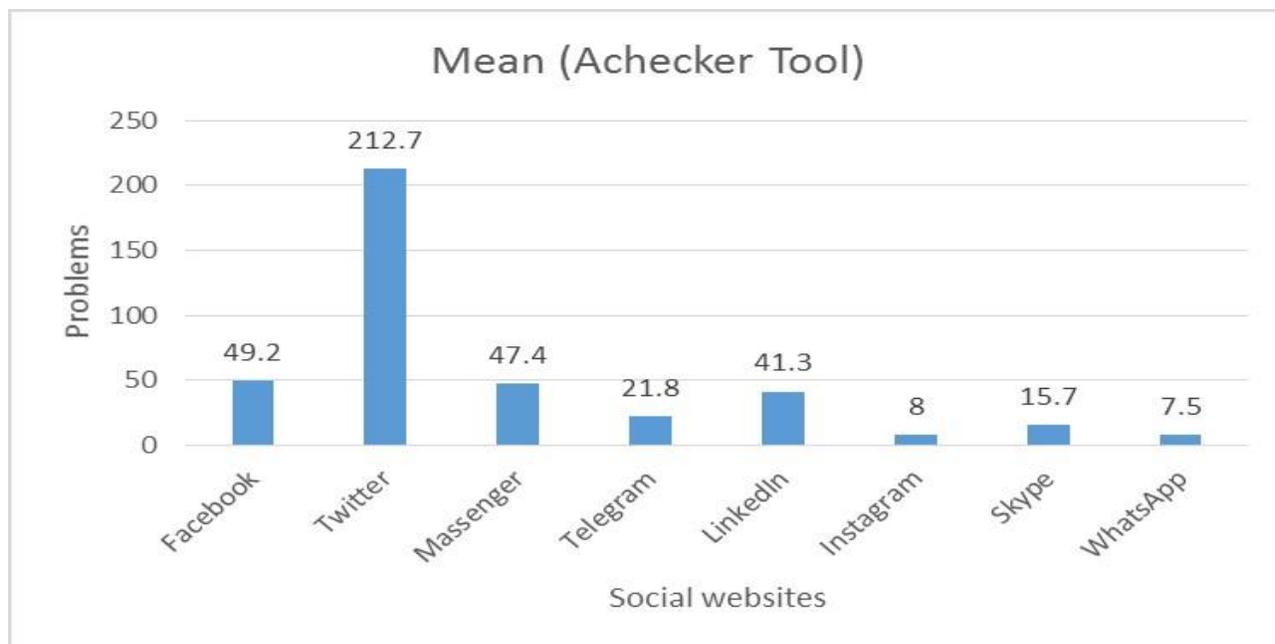
Table 8: WAVE- Web Accessibility Evaluation Result of Social Websites

WAVE Tool Report of Social websites						
Website Name	Errors	Alerts	Features	Structural Elements	HTML5 and ARIA	Contrast Errors	Total
Facebook	3	15	10	10	34	7	79
Twitter	11	186	90	74	333	83	777
Messenger	12	5	16	5	3	5	46
Telegram	Not Available						
LinkedIn	3	16	9	18	10	29	85
Instagram	Not Available						
Skype	Not Available						
WhatsApp	Not Available						

Table 9: Alexa Tool-A Web Popularity Score of Social Websites

Alexa Ranking of Eight Social Websites		
Website Name	**Global Ranking**	**National Ranking**
Facebook	3	4
Twitter	13	26
Messenger	202	Not Available
Telegram	288	Not Available
LinkedIn	30	18
Instagram	17	19
Skype	350	477
WhatsApp	70	28

Discussion

In this study, five participants (PwDs) were involved which include one Blind user, two partially blind users, one Hearing Impaired user, and one Orthopaedic user for analysis and evaluation process of social websites in terms of psychological perspective. Table 4 presents the social websites used for the study to get the response from the persons with disabilities to check whether they are using the said websites or not. The Table 5 also called response table, indicates that out of 5 selected users, 4 (80%) are using Facebook, 2 (40%) are using Twitter, 4 (80%) are using Messenger, 2 (40%) are using Telegram, 1 (20%) is using LinkedIn, 3 (60%) are using Instagram, 2 (40%) are using Skype, and all 5 (100%) are using WhatsApp. The consequences of the psychological impact on PwDs while using social websites are presented in Table 6. The

result in Table 6 reveals that psychological parameters like P2 (80%), P4 (80%), P5 (40%), P6 (100%), P8 (40%), P9 (60%), P10 (80%), P12 (60%) are the negative experiences faced by PwDs while P2 sometimes shows positive experiences too. The other parameters like P1 (60%), P3 (60%), P7 (40%), and P11 (60%) are the positive experiences faced by PwDs. The overall impact falls high towards negative and less towards positive experiences.

The evaluation report of selected social websites by using the Achecker tool and the WAVE tool is presented in Table 7 and Table 8 respectively. Also, Table 7 and Table 8 present the overall violations of selected social websites with respect to WCAG features which make them less accessible. The Means of selected social websites like Facebook, Twitter, Messenger, Telegram, LinkedIn, Instagram, Skype, and WhatsApp with respect to Achecker tool are 49.2, 212.73, 47.4, 21.8, 41.26, 8, 15.73, 7.4, and their SDs are 70.02, 284.56, 71.48, 38.08, 49.31, 16.57, 18.12, 12.51, respectively. In Table 8, the violations of these selected social websites with respect to errors, alerts, features, structural elements, html5 and ARIA, and contrast errors of the WAVE tool are presented. Out of 8 social websites, only 4 are evaluated under WAVE tool and rest 4 indicate no response during evaluation process so they are represented as not available in Table 8. Out of 4 evaluated sites, Twitter shows too many violations, that is, 777 and others like Facebook (79), Messenger (46) and LinkedIn (85). Table 9 presents the Global, as well as the National popularity of websites means how many users are accessing the website and accordingly, the Alexa tool provides the ranking of the particular website. It has been found that out of 8 social websites, only 5 websites lie within 100 Global ranking and 3 websites lie above 100 ranking. With respect to National ranking especially India, out of 8 social websites, 5 websites lie within 100 National ranking, 1 website lies above 100 ranking and currently ranking of 2 websites was not available to authors.

Suggestions

With respect to our results obtained, we should take the steps to increase the flexibility, accessibility, popularity, etc. of these selected social websites. The developers and designers should follow the guidelines properly and concentrate to avoid the problems faced by PwDs like problems of advertising objects, images, navigations, text size, screen readers, font, privacy, etc. In addition to this, we should take the proper steps to enhance the psychological consequences of parameters towards positive directions so that the websites will be socially attractive and psychologically fruitful for the users. With respect to psychological perspective, this study was based on five (5) users having various types of disabilities. So, it is suggested that the number of users should be increased in further studies to increase the generalizability of the results.

Following are the key points regarding the enhancement of social websites with respect to psychological and technological perspectives:

1. To avoid the blackmailing, social deception, etc.

2. Take proper steps to increase concentration and modification of behaviour.

3. To provide proper security and flexibility to avoid phishing, hacking, etc.

4. To follow the essentials of accessibility like consistency, clarity, familiarity, simplicity, relevancy, and credibility.

5. To provide proper training to developers, designers, and users.

6. To avoid the contents which create the problems while accessing or using the websites.

7. Follow rules and regulations of web standards like WCAG so that we get rid of problems like text size, image contrasts, warnings and alerts, font, images, structural elements, links, etc.

Conclusion

The main motive of this paper was to address the obstacles faced by Persons with Disabilities (PwDs) while dealing with social websites and to raise the awareness of the problems within the society to fill the Psycho-Tech gap with respect to Psychological (Psycho) and Technological (Tech) perspectives. In this study, we selected top Eight (8) social websites namely Facebook, Twitter, Messenger, Telegram, LinkedIn, Instagram, Skype, WhatsApp and five (5) Persons with Disabilities (PwDs) for the evaluation process, based on Twelve (12) Psychological Consequences (Parameters) and Three (3) Technological tools called web evaluation tools such as Achecker, WAVE and Alexa. It was found that there are various types of hindrances or problems, which are faced by PwDs while using the social websites. To remove the said problems, we provide some useful suggestions which should be considered in order to empower PwDs while online experience. Making the sites accessible, useful and barrier free, we should focus on accessibility of websites and, give proper training and awareness's to developers and users in terms of problems faced while interacting with said websites.

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A Study of Relationship of Stigma and Coping among Infertile Women

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Abstract

The aim of the present study was to examine relationship of stigma and coping in infertile women. A sample of 86 females was taken for the purpose of this study. Out of 86 women 68 females had primary infertility and 18 females had secondary infertile. The data was collected from various government and private hospitals and clinics of district Srinagar and district Baramulla of Kashmir valley. The tools used in the study were Infertility stigma scale (ISS) (Qin, Fu, Cheng, Tang, Cao, Yan, Zhu, Lei, 2014) and The Copenhagen multicentre psychosocial infertility (COMPI) (Schmidt, 2006). The results revealed that there is a significant correlation between self-devaluation with avoidance coping. Also, the correlation of social withdrawal with avoidance coping and confronting coping was found to be significant. The latent variable of public stigma showed positive correlation with avoidance coping. With respect to confronting coping it showed significant negative correlation with the public stigma. The findings of this study could be useful in designing and implementing psychological programmes for infertile women and psycho-social interventions for infertile women may need to promote awareness about the usefulness of coping in dealing with the stigma in a better manner.

Key Words: *Infertility, Stigma and Coping.*

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Introduction

Infertility is doubtless a crisis and an event that causes psychological stress (Leiblum & Green field, 1997; Brovich & Fisher, 1998; Burns & Covington, 1999). Infertility is increasing at a dramatic rate across all age groups. It is a complex life crisis, psychologically threatening, and emotionally stressful (Menning, 1980). Being labelled as infertile is devastating to the couple. It can upturn the life of affected individuals completely. Infertility is regarded as a moment of crisis, revealing great stress and psychological vulnerability in individuals, sometimes provoking decline in marital satisfaction and family estrangement and sometimes helping them to grow (Ferreria, Antunes, Duarte & Chaves, 2015). Infertile women are prone to suffer emotional distress and face attitudinal shift when diagnosed with the disability (Rascanu & Vladica, 2012). Many infertile women in this infertility situation find that they are unable to accept that they may not be able to conceive and, therefore are unable to move on with their lives. The modern society gives respect and value to women's or couples having child and stigmatize those who don't have children and have infertility problems. Also infertile couples are considered as valueless and stigmatized by other people around them. Infertility and infertility management can lead infertile women to experience different types of stigma: felt and enacted (Link & Phelan, 2001), self and public (Greil, McQuillan & Slauson, 2011). Felt stigma involves perceptions of the stigmatized person that they are being labelled, stereotyped, or isolated from/by others (Link & Phelan, 2001). In response, this person may self-stigmatize, incurring negative beliefs about themselves, loss of self-esteem and self- efficacy, and thus tend to isolate themselves from others, including their own in-group (Corrigan and Matthews, 2003). Infertility has also been described as a ''secret stigma," one that causes individual women to feel distress, a loss of self-esteem and self-efficacy, and tendencies of self-stigma (Corrigan & Matthews, 2003). Indeed, infertility can be

hidden from others for varying periods of time; for the most part, as there are no outward signs of disease or distress. However, once infertility issues have been discovered or disclosed the stigma associated with infertility must be managed. Infertility in the case of public disclosure, or through attempts to manage disclosure, becomes a discrediting attribute with distinct social and economic consequences. It is these perceptions of enacted and public stigma through a discredited identity that may influence individual women to selectively disclose their condition to only a few trusted companions (i.e. through contact), engage in behaviour that prevents such disclosure (i.e. self-stigma), or strategically manage disclosure to attain greater resources and support (i.e. challenging them through public protest, education and litigation (Thoits, 2011). The central difficulty associated with infertility in developing countries is that infertility from an acute, private agony into a harsh, public stigma with complex and devastating consequences. Although male factors contribute to about half of all cases of infertility, women are overwhelmingly perceived as being the party responsible for a couple's infertility and subsequently the social suffering associated with infertility tends to be greater for them than their husbands. Discrimination against the infertile women may include that a girl will never pass into womanhood (regardless of age) if she never becomes pregnant, are no longer marriageable and become viewed as a burden on families, communities or societies.(Van & H.M.W, 2004). Infertility as a stigmatizing identity manifests as a crisis in maternal life, which requires adaptation and coping, especially for women. Women with infertility usually respond towards life in the form of deep sorrow and grief, crying, praying to God, etc. A woman suffers from a variety of psychosocial problems because of infertility and they adopt varied coping methods (Karaca & Unsal, 2015). Coping has been viewed as a stabilizing factor that may assist individuals in maintaining psychosocial adaptation during stressful events. The process of coping

is a very complex response that occurs when an individual attempts to remove a stressor or a perceived threat from the environment. Couples can manage the infertility crisis by using coping strategies during the diagnosis and treatment of infertility. As a result, couples engage in a variety of coping strategies in an attempt to regain control over their lives and rebalance the disruptions they have experienced in their personal, marital and social relationships. Keeping all these factors into consideration the purpose of this study was to examine the relationship between stigma and coping in infertile women.

Methodology

The methodology is reflected in the headings that follow.

Sample

The present study was conducted on 86 infertile women from Kashmir valley in the average age range of 31.39(SD= ±4.90). The detailed description of the sample is given below:

Table 1: Showing Sample Description

Demographic variables	Range	Frequency	Percentage
Infertility Status	Primary	68	79.1
	Secondary	18	19.9
Age	20-28	28	32.7
	29-36	47	54.6
	37-44	11	12.7
Domicile	Rural	56	65.2
	Urban	30	34.8

Family Status	Nuclear	38	44.2
	Joint	48	55.8
Educational	Illiterate	20	23.2
Qualification	Middle	13	15.1
	Higher secondary	31	36.04
	College	12	13.9
	University	10	11.6
Duration	1-5 years	57	66.2
of Infertility	6-10 years	26	30.3
	11-15 years	1	1.2
	16-20 years	2	2.3
Duration	1month-3years	48	55.8
of Treatment	4-7 years	35	40.6
	8-10 years	3	3.6

For the selection of the sample following criteria were followed:

Inclusion Criteria:

- At least one year since marriage

- Patients having definite diagnosis of infertility

- Patients who were willing to participate

Exclusion criteria:

- Patients who were not willing to participate were excluded.

- Patients having problems other than infertility were also excluded.

Research Instruments

In the current study, following tools were used for collecting the required data:

Infertility stigma scale (ISS)(Qin, Fu, Cheng, Tang, Yi Cao, Chunli Yan, Shujuan Zhu, Jun Lei 2014) was used to measure the both perceived stigma and self-stigma for infertile women .The scale consists of 27 items ranging from totally disagree to totally agree. The scale comprises 4 factors. First factor comprises 7 items i.e. self-devaluation, second factor comprises 5 items i.e. social withdrawal, third factor comprises 9 items assessing a perceived stigma from people around them i.e. public stigma and 6 items assessing a perceived stigma from family members comprised a fourth factor named family stigma. The Cronbach's α, split-half coefficient and test-retest correlation coefficient for the whole scale was 0.94, 0.90, and 0.91, respectively. For the present study the reliability was found to be .86, .73, .90, and .81 for devaluation, withdrawal, public and family dimensions.

Table 2(a): Showing scale characteristics of Stigma scale

Dimensions	Items	Response range	N	M	SD	Cronbach alpha
Devaluation	7	1-5	86	24.23	7.92	.86
Withdrawal	5	1-5	86	17.86	4.74	.73

Public	9	1-5	86	30.23	10.23	.90
Family	6	1-5	86	14.56	6.43	.81

The Copenhagen multi-centre psychosocial infertility (COMPI): The COMPI scale used for evaluating the coping of infertile women was developed by Schmidt (2006).The compi coping strategy scale is a 17 items. This scale is a four point likert-scale and comprises of four sub-scales namely active-avoidance, active-confrontation, passive-avoidance, meaning-based coping. The Cronbach's alpha for the whole scale was 0.68, 0.76, 0.46 and 0.59, respectively (Yilmaz & Oskay, 2016). For the present study the reliability was found to be .50, .76, .41, .23 for avoidance coping, confronting coping, meaning based coping and passive coping respectively. Due to the low reliability coefficient, the dimension of passive coping was not included in the final analysis

Table 2(b): Showing scale characteristics COMPI

Dimensions	Items	Response range	N	M	SD	Cronbach alpha
Avoidance	4	1-4	86	10.74	2.64	.50
Confronting	7	1-4	86	21.27	4.77	.76
Meaning-based	3	1-4	86	8.83	2.33	.41
Passive	3	1-4	86	11.14	1.16	.23

Data analysis:

The data was analysed by using SPSS computer software version 20.0. The frequencies of variables were computed. Furthermore, bivariate correlation was used to find the correlation between the constructs.

Procedure

After the approval for conducting the research was obtained from the department of psychology, University of Kashmir, researchers approached the administrators of following hospitals 1) Department of gynaecology (District Hospital Baramulla), 2) Gousia Hospital Khanyar and 3) Med-Age clinic, Bemina. Researchers explained the aims and the procedure of the study to the authorities and their consent for conducting the study was obtained. Subsequently patients diagnosed by doctors as having primary and secondary infertile were included in the study. The data was collected individually from the participants. The researchers introduced themselves to the patients and explained the aim and purpose of the study. Confidentiality was ensured to the participants and they were told that they could stop and discontinue at any time of the study. Informed consent was taken from each of the participants. For all the scales necessary instructions were given and researchers helped the participants in marking their answers if they experienced difficulties. After completing the questionnaire the subjects were thanked for their cooperation and head of every institution was also thanked for their permission.

Result and Interpretation: The results of this study summarized as under:

Table 3 (a): Presenting Descriptive Statistics for Stigma in Infertile Women

Dimensions	Low	Average	High
Self-devaluation	<16	17-32	33 & above

Social withdrawal	<13	14-23	24 & above
Public stigma	<20	21-40	41 & above
Family stigma	<8	9-21	22& above

Table 3(b): Frequency Distribution Table

Dimensions	Low		Average		High	
	f	*%*	*f*	*%*	*f*	*%*
Devaluation	15	17.5	56	65.1	15	17.4
Withdrawal	16	18.7	55	63.9	15	17.4
Public	12	13.9	54	62.8	20	23.3
Family	17	19.7	53	61.7	16	18.6

Table 3 (b) shows the frequency distribution for stigma in which 17.5% of sample group falls under the low level of self-devaluation, 65.1% of sample group falls under average level and 17.4% falls under high level of self-devaluation dimension. With respect to social withdrawal 18.7% of sample group falls under low level, 63.9% of sample group falls under average level and 17.4% falls under high level. Further 13.9% of sample group falls under low level, 62.8% of sample group falls under average level and 23.3% of sample group falls under high level on public stigma. 19.7% of sample group falls under low level, 61.7% of sample group under average level and 18.6%of sample group falls under high level of family stigma.

Table 3(c): Presenting Descriptive Statistics for Coping in Infertile Women

Dimensions	Low	Average	High
Active avoidance	<8	9-13	14 & above
Active confronting	<16	17-26	27 & above
Meaning-based	<6	7-11	12 & above

Table 3(d): Frequency Distribution Table

Dimensions	Low		Average		High	
	f	*%*	*f*	*%*	*f*	*%*
Avoidance	4	4.6	60	69.8	22	25.6
Confronting	12	13.9	63	73.3	11	12.8
Meaning based	9	10.5	62	72.0	15	17.5

With respect to the dimensions of coping 4.6% of sample group falls under low level, 69.7% of sample group falls under average level and 25.5% of sample group falls under high level of avoidance dimension. With respect to confronting 13.9% of sample group falls under low level, 73.2% of sample group falls under average level and 12.7% of sample group falls under high level. Further 10.5% of sample group falls under low level, 72.0% of sample group falls under average level and 17.5% of sample group falls under high level of meaning based coping.

Table 4: Correlation summary of dimensions of Stigma with dimensions of Coping

Variables		Avoidance coping	Confronting coping	Meaning based coping
	Devaluation	.337**	.123	-.076
		.002	.258	.486
	Withdrawal	.423**	-.313**	-.010
Stigma		.000	.003	.930
	Public stigma	.407**	-.262*	-.029
		.000	.015	.789
	Family stigma	.058	-.269*	-.352**
		.595	.012	.001

*p≤ 0.05, ** p≤ 0.01

The above table reveals there is a significant and positive relationship between Devaluation (r=.34, p=002) and avoidance coping while as the relationship between devaluation and other two dimensions of coping (viz. Confronting coping and meaning based coping) was found to be insignificant. With respect to the withdrawal dimension of stigma it was found that this dimension is significantly correlated with avoidance (r=.42, p=.000) and confronting coping (r= -.31, p=.003). As can be seen from the table the relationship of public stigma was found to be significantly correlated with avoidance coping (r=.40, p=.000) and confronting coping(r=-.26,

p=.015). Further it was found that there is a significant relationship of family stigma with confronting coping (r= -.26, p=.012) and meaning-based coping (r= -.35, p=.001).

Discussion

The results of this study revealed that there is a significant correlation between self-devaluation with avoidance coping (r=.42, p=.000) whereas the correlation between confronting and meaning based coping was found to be insignificant. Also, the correlation between social withdrawal and avoidance coping was found to be positive and significant(r=.42, p=.00). Followed by this, significant negative correlation was found between social withdrawal and confronting coping (r= -.31,p=.003). Furthermore, insignificant correlation was found between social withdrawal and meaning based coping. The latent variable of public stigma showed positive correlation with avoidance coping(r=.40, p=.00).With respect to confronting coping the public stigma also showed the significant negative correlation(r= -.26,p=.001). Further public stigma showed insignificant correlation with the meaning based coping.

The result of this supported by the study conducted by Karanca and Unsal (2015) which showed that infertile women suffer from various psycho-social problems such as negative self-concept, psychological symptoms, social withdrawal and social pressure and stigma and most of the women adopted emotion focussed coping methods. The result is also in line with the study conducted by Rahnavard, Sadati and Amini (2014) which showed that obese women had undesirable experiences of social stigma and these women used coping strategies to adopt with new conditions such as social resistance, passivity, psychological problems and hysteria, extreme denial of self-body image, social isolation and ignorance of what others say(self-empowerment).Another study carried out by Mousavi, Kalyani, Karimi, Kokabi and Piriace (2015) showed that infertile women used problem focused coping strategies that is getting social

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support from friends which can prevent from manifestation of negative emotions such as guilt, shame, anger, depression and anxiety.

Limitations of the Present Study

The present study had some limitations. First the sample included in the study was a small sample comprising of 86 infertile women particularly from three districts of Kashmir province so the result study are not in the direction of getting generalized. Second the statements in the scale used for collecting data for the study were not in native language. Third the population included in the study were culturally conservative people and the limited time and money also worked as the barrier in the extensive exploration of the work.

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Child psychology - an Islamic Perspective

Syed Sabha Ji*

Abstract

Child psychology is a sub-field of Psychology which focuses on the thoughts, feelings, and behaviors of children and the underlying mental processes. Even though there are various concepts about the basic psychological needs of children starting with Freud (1905) and Adler (1917), the most empirically grounded concept for child psychology has been developed by Michael Brog-Laufs[1]. According to this concept, there are four basic psychological needs of children. Those are the needs for orientation/ control, self- esteem protection, pleasure gain/ distress avoidance and attachment. Islam highlights the importance of the understanding of children's psychology and grants the rights to them keeping in view these psychological needs of children. Children have been given the idiosyncratic rights by the Islam while considering their special needs and subsequently their protection and supervision. Islam as a religion plays a pivotal role in the matters related to children and their Psychological requirements. It recognizes family as a primary unit of the society and as such assigning of certain rights and duties to every individual ensure overall development of a child. There are numerous verses of the Quran and Prophetic traditions that advocate the rights of children and thus making it a religious obligation of every Muslim to safeguard them. This paper is an endeavor to highlight the child psychology in an Islamic perspective and how children's rights in Islam are in consonance with the understanding of child psychology.

Key Words: *children rights, child psychology, psychological needs, Quran, organization.*

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Introduction

Child psychology is a sub-field of Psychology which focuses on the thoughts, feelings, and behaviors of children and the underlying mental processes that result in their outward manifestations. Even though there are various concepts about the basic psychological needs of children starting with Frued (1905)[2] and Adler (1917)[3], the most empirically grounded concept of Psychological needs of children has been developed by Michael Borg-Laufs (2012)[4]. According to this concept, there are four basic psychological needs of children. Those are the needs for orientation/control, self-esteem protection, pleasure gain/ distress avoidance and attachment. Children need consistent acting caregivers for living in a comprehensive world, who give enough structures on the one hand and on the other hand let children take part in the decisions regarding their development. Experiences of the loss of control in childhood have a deep impact on their further development (Grawe, 2006)[5]. Similarly children are largely dependent on their caregivers, mostly parents for the protection of their self- esteem, training for coping mechanisms and for the need of attachment and belonging. Furthermore, the conditioning for pleasure gain and distress avoidance among children is also done by caregivers who make a lasting impression on the innocent minds of children. These are met by the caregivers who need to be sensitized by making them aware of their duties towards the children. Islam highlights the importance of understanding of child psychology and it is evident from the fact that the rights of children in Islam are meant to meet these psychological needs of children. Islam, in explicit terms, defines the rights and duties of every individual in the society to address the sensitive issue of child psychology. In Islam the duties of caregivers are essentially the rights of children. Children being a weaker section of the society have been given the idiosyncratic rights by the Islam considering these psychological needs and subsequently their protection and supervision.

In order to understand the way the religion of Islam has come to the rescue of the children and their psychological needs, one needs to go through the rights of children in Islam which provide the guiding principle for caregivers to meet the basic psychological needs of children and to help a child progress and thrive at every step of life which is a *haqq* of every child. Rights of children in Islam are much relevant to the subject of child psychology. Even though prominent international organizations and movements across the world work for the cause of acknowledging, expanding and safeguarding the children's rights and needs, the results achieved so far are unsatisfactory. Islam plays a pivotal role in the matters related to children and their psychology. This paper is an endeavor to highlight the role of Islam in the understanding of child psychology and how Islam ensures the rights for children that are in consonance with the understanding of child psychology.

Body

All children have varying physical and emotional needs, depending on their age, personality, and developmental stage. One needs to understand child psychology as it is very critical to a child's outcome. It helps us to nurture the best qualities in our children. Understanding of child psychology is of the utmost importance for it helps a child to reach to his maximum potential. It also enables the parents, caretakers, and others who work with children to know what are the physical, social and psychological needs of children and what are the ways to fulfill them. There are various Prophetic traditions which advocate the children rights and make it incumbent on every individual to safeguard them. Those rights are achieved through a general compulsion over a society to respect the rights of every individual[6]. Children are the most vulnerable section of the society and Allah almighty has given them their basic rights for their overall development

and security. Islam ensures the following rights to all children irrespective of any caste, creed, color or even religion. These rights are granted to groom the overall personalities of children.

Right to life

Islam forbids the parents to kill their children because of the fear of poverty even before their birth. It is mentioned in the Quran, "And that you slay not your children because of poverty. We provide for you and for them…"[7]it is considered a great sin to slay a child just because a person is poor. This verse also prevents every child from the feelings of being a burden on his parents. This also teaches every couple to be happy on the arrival of children in their lives and avoid the obvious dangers like abuse, neglect, or overindulgence. There is another verse of Quran, "Slay not your children, due to fear of poverty! We shall provide for them and for you, killing them is certainly a great sin…"

Proper parenting

Parenting style has a big impact on how children develop into adults, and has important implications for their future success. Islam believes in authoritative parenting as it encourages their children to be independent, but at a same time sets limits and boundaries. Typically, authoritative parents give their children increasing levels of independence as they mature. Social skills, self-control, and self-reliance are more highly developed, and these are qualities that make ideal employees, leaders, and citizens of country**.** Prophet (PBUH) is reported by Abdullah bin Umer to have said," Take care! Each of you is a shepherd and each of you shall be asked concerning your folk; a leader is a shepherd of his people and shall be asked concerning his flock; and a man is a shepherd of the people of his house and he shall be asked concerning his flock; and a woman is a shepherd of the house of her husband and over her children, and she shall be asked concerning them."[9]

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Right to identity

A child has a right to retain his own identity. Identity of a child is very important in the religion of Islam. In the last sermon, Prophet (PBUH) said, "He who attributes his ancestry to other than his father or claims his clientship to other than his master, the curse of Allah is upon him…"[10]. Our personal identity gives each of us an integrated and cohesive sense of self that endures through our lives. Our sense of personal identity is shaped by our experiences and interactions with others, and it is this identity that helps guide our actions, beliefs and behaviors as we age (Erikson, 1951)[11]. This is the reason that Islam prohibits the legal adoption as it alters the identity of a child. Islam however allows Muslims to raise children but must be named after their real fathers. Moreover, the adopted child acquires a claim on the inheritance of the man and his wife, depriving the rightful relatives of their inheritance, creating enmity unnecessarily for an adopted child. Allah says in the Quran, "Allah has not assigned unto any man two hearts within his body, nor has He made your wives who you declare (to be your mothers) your mothers, nor has He made those who you claim (to be your children) your children. This is but a saying of your mouths. But Allah says the truth and He shows the way. Proclaim their real parentage. That will be more equitable in the sight of Allah. And if you know not their fathers, then (they are) your brethren in the faith, and your clients and there is no sin for you in the mistakes that you make unintentionally, but what your hearts purpose. Allah is forgiving, merciful."[12]

Right to inheritance

According to Rogers, unconditional positive regard involves showing complete support and acceptance of a person, no matter what that person says or does.[13] Many children being physically or mentally challenged or being a girl child are abandoned by their parents and relatives. Islam doesn't allow any person to abandon his child. Every child has a right to inherit

from whatsoever his parents and near kindred leave. Allah has provided them a right to inherit to make them self-reliant and independent and less vulnerable to the atrocities of people around them. Allah says in the Quran, " Unto the men belongs a share of that which parents and near kindred leave and unto the women a share of that which parents and near kindred leave, whether it be little or much - a legal share. And when kinsfolk and orphans are present at the division (of the property) bestow on them there from and speak kindly unto them…"[14]

Right to basic needs

According to Maslow's hierarchic model, when physical needs of someone are satisfied, he or she begins to care about psychological needs and only in case these are satisfied humans start caring about spiritual needs.[15] Islam precisely works on this Psychological aspect of a child as it has made it obligatory for mother and father to raise children in a proper manner and fulfill the basic needs of their children. A child does not need to work to fulfill his basic requirements. Allah says in the Quran, "Mothers should feed their children for two whole years for those who wish to complete their children for two whole years for those who wish to complete their suckling term, the cost of their food and clothing on equitable terms is upon the father of a child."[16]Children according to Islam are the responsibility of father even after a case of divorce. The Quran says, "Let the man of means spend according to his means and a man whose resources are restricted, let him spend according to what Allah has given him…"[17]

Besides, children have a right to be treated with love, equality and justice fulfilling the need of attachment. It is reported by Abdullah bin Umer that seeing Prophet(PBUH) kissing his grandson, a person named Alaqr'a ibn Habis found this behavior strange and said that he has ten children whom he never kisses, the Prophet(PBUH) replied, "The uncompassionate will not be shown mercy."[18] thus children should be given utmost love and

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care. As far as justice among children is concerned, there is a tradition narrated by No'man bin Bashir," My father took me to Prophet(PBUH) and said," I have gifted a slave to this son of mine" and then Prophet(PBUH) asked," Did you do this to every son of yours?" my father replied," no" to this, prophet(PBUH) directed him to take the gift back"[19] Thus the Islam seeks justice among children. A girl child is to be treated equally. Similarly, Suraqa bin Malik reported that the Prophet said," Should I not tell you the best *sadaqah*? It is your daughter restored to you and has no earner besides you."[22]

Rights of children of enemies at war

Human rights in west and its codification happened in the middle of 19th century in the form of Universal declaration of Human rights.[29]However no state regards them binding as evident by the gross human rights violation and loss of children lives in various ongoing conflicts throughout the world. Children at war are traumatized in every way. Graça Machel reports, "The physical, sexual and emotional violence to which they [children] are exposed shatters their world. War undermines the very foundations of children's lives, destroying their homes, splintering their communities and breaking down their trust in adults."[30]Data shows only between January and September 2018, there is the killing of 870 children in Syria.11 million children are in need of humanitarian assistance at Yemen. In Afghanistan, 5000 children have been killed or maimed in the first   nine months of 2018. Similarly, a resurgence of fighting in the Central African Republic has left 43000 children below five to face severe acute malnutrition in 2019.[31]However Islam provides the rights for children even at war. Islam makes the war more civilized and humane irrespective of the behavior of the enemy. With regard to the children along with other non-combatants of the enemy country, Quran forbids their killings. Quran says,"… that if anyone slew a person-unless it be for murder or for spreading mischief in the

land-it would be as if he slew the whole mankind…"[32]Prophet (PBUH) instructed," Go in Allah's name, trusting in Allah, and adhering to the religion of Allah's Apostle. Do not kill a decrepit old man, or a young infant, or a child, or a woman…."[33]

Conclusion

Today world needs to understand the sensitivity of this grave issue of safety of children. When the basic rights of children are being trampled everywhere, Islam has a message and a strong code of ethics for protecting children from all kinds of violence and violations of their rights and protects every child from psychological damage. This in turn helps in the development of their overall personalities and empowers them to tackle the difficulties of life. Islam believes in the proper environment for the development of the children and this is precisely done by its unique way of assigning every individual certain rights and duties. Once every member of the society understands the psychology of children and follows the code of conduct provided by Islam, a child will surely live a fulfilling life.

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Psychological Wellbeing among substance abusers and non-abusers from Kashmir

Muhammad Rafiq*, Muhammad Muzamil** & Shawkat Ahmad Shah***

Abstract

The present study was aimed at exploring psychological wellbeing among substance abusers and non-abusers. The sample comprised of 100 substance abusers and a control group of 100 non abusers selected purposively from the Anantnag and Srinagar Districts of Jammu and Kashmir and the data was analyzed with the help of SPSS and AMOS software packages. Ryff's Scale of Psychological Well-being (1989) was used for assessment of various domains of psychological wellbeing. Apart from descriptive statistics, 't'test was used to study the significant difference between the two sample sub groups of substance abusers and non -abusers. Results revealed that in case of Autonomy 14.5% of participants scored low, 70% scored average and 15.5% scored high; in Environmental Mastery12% scored low, 73.5% scored average and 14.5% scored high; In Personal Growth 19% scored low, 64.5% scored average and 16.5% scored high; In Positive Relations 18.5% scored low, 59.5% scored average and 22% scored high; In Purpose 16.5% scored low, 66% scored average and 17.5% scored high and in Self -Acceptance 14.5% scored low, 70% scored average and 15.5% scored high. Results of the t-test revealed that, the t – value in case of Autonomy (t = 2.76*, p < 0.05) is significant, a comparison of means revealed that abusers score higher on autonomy than non-abusers.

Key Words: *Psychological wellbeing, Substance Abusers, Non-Abusers.*

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Introduction

Substance Abuse, also known as drug abuse, is a use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals. In India the number of substance abusers is rapidly increasing, which is a matter of concern. Statistics reveal that at least 25,426 people committed suicide due to drug and addiction related problems in the last 10 years across India. This comes down to an average 2,542 suicides every year, 211 per month and 7 per day. Appalling truth is that suicides due to drug related problems exceed dowry, poverty and money related suicides in India in most of the last 10 years (Data Team, Hindustan Times, 2014).As far as the Kashmir region is concerned, the situation is equally grave. The decades of conflict combined with the problems like late marriage, relationship problems, violence, rising unemployment and uncertainty in the situation has predisposed the youth to have an inclination towards the drugs, to be precise a state of learned helplessness is prevailing all over. According to a study conducted by the United Nations drug control program in 2008, there are 60,000 substance abusers in the valley. Margoob and Dutta (1993) found that Cannabis was the commonest drug used in Kashmir. Cannabis abusers had the longest duration of drug use but the lowest rate of drug dependence (29.9%) and lowest rate of multiple drug abuse (6.1%).More than 50% of drug abusers had impairment in health and psycho social status. Dr. Mushtaq Margoob's book "Menance of drug abuse in Kashmir "published in 2008, states that the valley has 2.11lakh drug abusers. As per Baba et al, (2013) addiction with Tobacco, alcohol, cannabis and amphetamine is most common in Kashmir.

In this backdrop the present study was carried out to explore psychological wellbeing among substance abusers and non-abusers from Kashmir. Carol Ryff is considered as the pioneer of

psychological wellbeing. Ryff and her colleagues posited two types of approaches to psychological wellbeing - Eudaimonic   and Hedonic (Ryan & Deci, 2001; Ryff & Singer, 2008). The various dimensions that constitute psychological wellbeing are described below:

Autonomy

Ryff balances autonomy with independence, individuation, internal regulation of behavior, self - determination and internal locus of control. The underlying   belief regarding these attributes is that one's actions and thoughts should not be determined by outsider's control or agencies.

Environmental Mastery

The second dimension that Ryff (1989) defined is environmental mastery which serves as the tendency of an individual to "choose or create environments suitable to his or her psychic conditions" and   his criteria are also   central part of individualism.

Personal growth

The third dimension of psychological wellbeing is Personal growth which Ryff (1989) defined as the ability to develop one's potential, to grow and expand as a person.

Positive relations with others

Ryff (1989) defined positive relations with others as trusting interpersonal relations, warm   and strong feelings of affection and empathy.

Purpose in life

Ryff (1989) suggested that having "a clear comprehension of life's purpose, a sense of directedness, and intentionality" are compulsory parts of the "feeling that there is purpose and meaning to life". This   concern for purpose in life seems linked tightly to individualism.

Self-acceptance

 The last dimension of psychological wellbeing is Self-acceptance. It includes positive self-regard which includes awareness of personal strengths and limitations. Self-acceptance is the major source of living a happy life and wellbeing or the belief we hold regarding ourselves. Ryff (1989) maintained that "holding positive attitude toward oneself emerges as a central characteristic of positive psychological functioning".

The relationship between psychological wellbeing and substance abuse is complex one. These two variables are affected by interaction of social, psychological and bioilogical factors (Green and Shellenberger 1991.) Visser & Routledge (2007) conducted a study on South African adolescents (age range 12-19 years) with sample size 1918 comprising of 802 males and 1005 females from 13 schools and analysis highlighted that substance abuse increases with age. In multifactor analysis of variance, it was found that psychological wellbeing had a significant relationship with substance abuse. Fontan (2009) conducted a similar study and highlighted that the four factors (Environmental Mastery, Autonomy, Self-Acceptance and Positive Relation with Others) of psychological wellbeing significantly predicted recovery and acted as a mediator between stages of change and recovery. Yousafzau et.al (2009) found that most of the medical student's wellbeing has been affected by stress and significant association exists between stress and awareness about alcohol.

Objectives : The research objectives of the study are as follows: 1.To assess psychological wellbeing amongst substance abusers and non-abusers.

2. To compare psychological wellbeing among substance abusers and non-abusers.

3.To study the effect of socio-demographic variables like age, Socio-Economic Status (Monthly Income, Education , Social Class), marital status (Married/Unmarried), family type (nuclear/joint

family) and area of residence (rural/urban) on psychological wellbeing amongst substance abusers

Sample and sampling technique

The present study consisted of 100 substance abusers and a control group of 100 non abusers selected purposively from the Anantnag and Srinagar Districts of Jammu and Kashmir. Only males were included in the study. Among the substance abusers those addicted with tobacco, alcohol, cannabis and amphetamine were considered for the study. The substance abusers were selected for the study by the purposive sampling method (by selecting substance abusers from the drug de-addiction centers from Srinagar, Anantnag and other allied institutions).

Research design

The present study is based on a no- experimental design.

Tools for Data Collection

1).Personal Data Sheet: A personal data sheet was used to collect socio-demographic and other information about the participants.

2) Ryff's Scale of Psychological Well-being by Ryff, C. D (1989): It was used for the assessment of psychological wellbeing. The original version of this scale consisted of six dimensions of 20 items each. The present version of the scale consisted of 54 affirmative statements dealing with how one feels about himself and his life. These statements were to be responded on a five-point scale including Strongly Disagree (1), Disagree (2), Disagree Slightly (3), Agree Slightly (4), Agree, Strongly Agree (5).

Results & Discussion

The results and their discussion is portrayed in the form of tables that follow.

Table 1: Showing Descriptive Statistics and Normality Check:

Dimensions	Mean	Standard Deviation	Skewness	Kurtosis
Autonomy	3.87	0.65	-0.24	0.09
Environmental Mastery	3.78	0.64	-0.34	0.82
Personal Growth	3.87	0.68	-0.26	0.31
Personal Relations	3.90	0.75	-0.05	-0.22
Purpose	3.95	0.73	-0.34	0.49
Self Acceptance	3.93	0.62	-0.38	1.70

As per the above table the sampling distribution of the study fulfills the assumptions of normality because the skewness and kurtosis values fall under the acceptable thresholds.

Table 2:Showing Frequency Distribution of sample group in terms of psychological wellbeing.

Dimensions	Low		Average		High	
	Frequency	**Percentage**	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Autonomy	29	14.5%	140	70%	31	15.5%
Environment al Mastery	24	12%	147	73.5%	29	14.5%
Personal Growth	38	19%	129	64.5%	33	16.5%
Positive Relations	37	18.5%	119	59.5%	44	22%
Purpose	33	16.5%	132	66%	35	17.5%
Self Acceptance	29	14.5%	140	70%	31	15.5%

From the above table, It is evident that in Autonomy 14.5% scored low, 70% scored average and

15.5% scored high; in Environmental Mastery12% scored low, 73.5% scored average and

14.5% scored high; In Personal Growth 19% scored low, 64.5% scored average and 16.5%
scored high; In Positive Relations 18.5% scored low, 59.5% scored average and 22% scored
high; In Purpose 16.5% scored low, 66% scored average and 17.5% scored high and in case of
Self Acceptance 14.5% scored low, 70% scored average and 15.5% scored high.

Table 3: Showing comparison of psychological wellbeing among substance abusers and non abusers:

Dimensions	Nature	N	Mean	Standard Deviation	t-Value
Autonomy	Abusers	100	4.00	0.61	2.76*
	Non Abusers	100	3.74	0.66	
Environmental Mastery	Abusers	100	3.80	0.64	0.45[NS]
	Non Abusers	100	3.75	0.65	
Personal Growth	Abusers	100	3.90	0.66	0.44[NS]
	Non Abusers	100	3.85	0.71	
Positive Relations	Abusers	100	3.95	0.77	0.93[NS]
	Non Abusers	100	3.85	0.73	

Purpose	Abusers	100	3.96	0.81	0.24[NS]
	Non Abusers	100	3.94	0.66	
Self Acceptance	Abusers	100	3.94	0.65	0.60[NS]
	Non Abusers	100	3.93	0.60	

The above table presents an overview of the t – value of Psychological wellbeing (Autonomy, Environmental Mastery, Personal Growth, Positive Relations, Purpose and Self Acceptance) with respect to substance abusers and non abusers. As is evident from the table, the t – value of Autonomy (t = 2.76*, p < 0.05) is significant. A deep comparison of means reveals that Abusers reflect a slight edge in terms of environmental mastery, personal growth, positive relations, purpose and self acceptance. These findings are theoretically incompatible and inappropriate, however if we look into the uncertain situations in Kashmir, the situation is psychologically devastating. The substance abusers while opting for the negative coping strategies help themselves in some sort of tension reduction which gives them a false sense of environmental mastery, personal growth, positive relations, purpose and self acceptance. On the other hand those who are confronting the situation, somehow feel a lesser degree of environmental mastery, personal growth, positive relations, purpose and self acceptance, because of an environment of learned helplessness. This in no way means that drugs are the answer to the challenges but at the same time it indicates that although not opting for substance abuse is good, but not opting for better coping strategies is equally bad. It is imperative on the youth to look forward in life with a

positive attitude and have proper planning, so as to not face of a time where they too can opt for abusive strategies. Our results are in line with Husak (1999) who are of the view that addicts have higher autonomy than non-addicts. Buchmann and Russell (2009) & Caplan (2008) also found the same trend. Bennet and Savulescu (2006) & Michael (1999) in disorder of choice model found that addicted individuals use Autonomy while choosing substance abuse. However there are studies which go against our findings.Tuicomepee & Romano (2005) conducted a study on 163 substance abusers and found that substance abusers have low psychological wellbeing.

Table 4: Showing Comparison of psychological wellbeing with respect to socio economic status of respondents.

Dimensions		Sum of Squares	Df	Mean Square	F	Sig.
Autonomy	Between Groups	2.222	2	1.111	2.695	0.070
	Within Groups	81.214	197	0.412		
	Total	83.436	199			
Environmental Mastery	Between Groups	0.014	2	0.007	0.016	0.984
	Within Groups	82.541	197	0.419		
	Total	82.554	199			

Personal Growth	Between Groups	.159	2	0.080	0.168	0.846
	Within Groups	93.408	197	0.474		
	Total	93.567	199			
Positive Growth	Between Groups	.339	2	0.169	0.299	0.742
	Within Groups	111.603	197	0.567		
	Total	111.942	199			
Purpose	Between Groups	.503	2	0.252	0.460	0.632
	Within Groups	107.799	197	0.547		
	Total	108.302	199			
Self Acceptance	Between Groups	0.005	2	0.002	0.006	0.994
	Within Groups	77.204	197	0.392		
	Total	77.209	199			

From the above table, it is observed that the obtained F-Values are insignificant in case of every dimension of psychological wellbeing. The psychological wellbeing is again not a necessary outcome of being affluent. Sometimes having a humble lifestyle gives one a peace of mind and sometimes having too much wealth snatches the peace of mind. There are people who are happy that they are able to meet their ends day in or day out yet there are people who thrive for money to have peace. At the same time people having a lot of wealth search for other means to ensure their wellbeing. Barros et al, (2015) found among 97 smokers and 84 non smokers, that there is

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no significant difference between psychological wellbeing and socio economic status among substance abusers and non-abusers. Barger et al, (2009) found no association between psychological wellbeing and socioeconomic status of an individual. Contradictory, studies with lower socioeconomic status of adolescents results in lower psychological wellbeing among substance abusers.(Bradley and Corwyn, 2004; Dew and Huebner, 1994.)

Table 5: Showing comparison of psychological wellbeing with respect to residence:

Dimensions	Residence	N	Mean	Standard Deviation	t-Value
Autonomy	Rural	88	3.87	0.61	0.10[NS]
	Urban	112	3.87	0.66	
Environmental Mastery	Rural	88	3.84	0.64	1.20[NS]
	Urban	112	3.72	0.65	
Personal Growth	Rural	88	3.95	0.66	1.40[NS]
	Urban	112	3.81	0.71	
Positive Relations	Rural	88	3.94	0.77	0.60[NS]
	Urban	112	3.87	0.73	

Purpose	Rural	88	4.09	0.81	2.34*
	Urban	112	3.85	0.66	
Self Acceptance	Rural	88	3.87	0.65	-1.26[NS]
	Urban	112	3.98	0.60	

The above table indicates that, the t – value of the "purpose" dimension (t = 2.34*, p < 0.05) is significant at 0.05 level. As far as wellbeing in relation to residence is concerned, the statistics are alarming yet clear, India has become the Diabetic Capital of world, with a whooping 62.5 million people affected by the same irrespective of the areas of residence. The Indian people consume a lot of Parathas (Local Bread) that contains alloxin- a chemical which when injected into rats causes diabetes. Now people across any one particular region don't consume the bread on the basis of whether they are from rural or urban area. In the same way people do not ensure their wellbeing on the basis of whether they are from rural or urban areas. The psychological health is getting impacted universally irrespective of the area of residence especially when it comes to the conflict prone valley, where every district in one way or the other has got affected by the psychological violence that creeps in from different corners from time to time. The concern now is not that people are not scoring high on wellbeing but panic is that the non-abusers are becoming as good as abusers. It hardly matters whether you are an abuser or non-abuser when it comes to the turbulence in the valley, the need of the hour is to have some confidence building measures at the political level and at the grass root level. We can also ensure

establishment of a network of counseling centers and drug de addiction centers so as to ensure a drug free and wellbeing enhancing state. There are many studies which support our findings. Nepomuceno et al,(2015) found that there is significant difference between rural and urban individuals as far as their psychological wellbeing is concerned.

Table 6: Showing comparison of psychological wellbeing with respect to marital status.

Dimensions	Marital Status	N	Mean	Standard Deviation	t-Value
Autonomy	Married	75	3.75	0.70	-2.10*
	Unmarried	125	3.94	0.62	
Environmental Mastery	Married	75	3.67	0.73	-1.88[NS]
	Unmarried	125	3.84	0.58	
Personal Growth	Married	75	3.79	0.75	-1.24[NS]
	Unmarried	125	3.92	0.64	
Positive Relations	Married	75	3.80	0.80	-1.44[NS]
	Unmarried	125	3.96	0.71	

Purpose	Married	75	3.96	0.70	0.09[NS]
	Unmarried	125	3.95	0.76	
Self Acceptance	Married	75	3.86	0.62	-1.32[NS]
	Unmarried	125	3.98	0.62	

The above table, reveals that the t – value in case of the Autonomy (t = - 2.10*, p < 0.05) is significant. However, the t – value of the Dimensions like Environmental Mastery, Personal Growth, Positive Relations, Purpose and Self Acceptance (-1.88, -1.24, -1.44, 0.09 and -1.32 respectively) are insignificant even at 0.05 level of significance. This indicates that these dimensions don't differ significantly with Marital Status of the sample group. Arrnett(2006) also found that unmarried individuals have more autonomy than married individuals, which pushes an individual towards substance abuse. The alcohol consumption among unmarried individuals is more as compared to married individuals. This is due to the fact that unmarried individuals have more Autonomy (independence) than married individuals (Bachman et al, 1997a; Bachman et al, 2002).

Table 7: Showing comparison of psychological wellbeing with respect to age.

Dimensions	Age	N	Mean	Standard Deviation	t-Value
Autonomy	Adolescents	76	3.92	0.63	0.95^{NS}
	Adults	126	3.84	0.66	
Environmental Mastery	Adolescents	76	3.82	0.68	0.77^{NS}
	Adults	126	3.75	0.62	
Personal Growth	Adolescents	76	3.82	0.71	0.82^{NS}
	Adults	126	3.90	0.67	
Positive Relations	Adolescents	76	3.88	0.76	-0.37^{NS}
	Adults	126	3.92	0.75	
Purpose	Adolescents	76	3.81	0.74	-2.08*
	Adults	126	4.03	0.72	
Self Acceptance	Adolescents	76	4.00	0.64	1.06^{NS}
	Adults	126	3.90	0.61	

The earlier table, indicates that the t – value of the "purpose" (t = -2.08*, p < 0.05) is significant at 0.05 level. However, the t – values of the rest of the dimensions are insignificant, indicating that they don't differ significantly with respect to age. There are many studies that support the obtained results. Aiyapan et al, (2018) found in Kerala that poor psychological wellbeing was found among adolescents than adults due to the purpose dimension of psychological wellbeing. Bogart et al,(2007) found that purpose and life satisfaction is low in adolescent substance abusers as compared to adults. Goode (1985) found no significant difference between age and substance abuse among adolescents as far as their psychological wellbeing variable is concerned.

Table 8: Showing comparison of mean scores of psychological wellbeing with respect to family status.

Dimensions	Family Status	N	Mean	Standard Deviation	t-Value
Autonomy	Nuclear	96	3.84	0.66	-0.64[NS]
	Joint	104	3.90	0.64	
Environmental Mastery	Nuclear	96	3.76	0.65	-0.40[NS]
	Joint	104	3.80	0.64	
Personal Growth	Nuclear	96	3.80	0.71	-1.32[NS]

	Joint	104	3.93	0.65	
Positive Relations	Nuclear	96	3.86	0.79	0.81[NS]
	Joint	104	3.94	0.72	
Purpose	Nuclear	96	3.90	0.77	-1.08[NS]
	Joint	104	4.00	0.71	
Self Acceptance	Nuclear	96	3.90	0.60	-0.58[NS]
	Joint	104	3.96	0.64	

The above table reflects that no dimension of psychological wellbeing differs significantly with respect to family status ,as indicated by the insignificant t-values. Mary & Manikandan (2015) also found no significant difference between 200 adolescents belonging to nuclear and joint families with respect to psychological wellbeing. Prajapati (2013) conducted study on 200 people in Gujarat and assessed psychological wellbeing among people living in nuclear and joint families, the results highlighted that there was no significant difference between people living in nuclear and joint families with respect to psychological wellbeing. Jadav & Suvera (2014); Singh & Udainiya (2009) also found the similar results.

Conclusion

To deal with substance abuse, researchers and policy makers need to go hand in hand with each other. Psychological wellbeing plays a pivotal role towards substance abuse, irrespective of the cultural context. In this backdrop this study was an attempt to explore the psychological well being in substance abusers in Kashmir region of Jammu & Kashmir, so as to provide an insight into the psychological wellbeing of substance abuse in Kashmir, which in turn will provide a base for all stake holders related to substance abuse especially the patrons of Drug de-addiction counseling professionals and related NGO's. The results of the study will also be useful to sensitize physicians and other professionals involved in working with substance abusers. Training programs can be devised for such professionals so as to focus on how psychosocial factors can be utilized in de-addiction process of substance abusers. Further, interventions can also be developed for adolescents and early adults based on the obtained results. Such an intervention can also be carried out with family members, especially, parents and teachers.

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Life Experiences of Workers in Informal Sector: A Case Study of Auto Rickshaw Drivers of

District Srinagar

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Shah*

Abstract

Within the state of Jammu and Kashmir thousands of people are engaged with driving auto rickshaw, being engaged in informal nature of work their livelihood is mainly dependent on this occupation. The research has been carried out in District Srinagar of Jammu and Kashmir, in order to study various aspects of auto rickshaw drivers with respect to their socio-economic conditions and health problems associated with this occupation. The research is an empirical study. The data has been collected from 50 auto rickshaw drivers on the basis of purposive sampling. From the research it has got reflected that majority of the respondents are earning 5000 to 8000 per month and there are various health problems associated with this occupation. Further the research has revealed that majority of the respondents have opted this occupation due to poverty and illiteracy.

Key Words: *District Srinagar, Auto Rickshaw Drivers, Socio-economic, Health problems*

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Introduction

Urbanization in India has taken place to a large extent. There are many metro Politian cities in India with well-established infrastructure with respect to transport. Due to Urbanization, the population in the cities is increasing rapidly and hence the cities are unable to accommodate that growing population. Because of increase in population, public transport system seems insufficient and not efficient to cater to the needs of the city. Increasing population has placed a higher demand on the public transport system. People use auto services as they find them more flexible in many ways such as timing, routes, destinations etc. and they provide door-to-door service. Autos are found everywhere and almost affordable to everyone. An auto can be hired anywhere anytime and prior booking is not required. As in case of cities the number of autos is also very high, getting an auto is almost always an easy task. Autos can be categorized as light motor three-wheeled vehicles with carrying capacity of three people. Autos are used by common people for their various commuting requirements on the regular basis (Ramachander, A. Bagrecha, C. and Talur, S. 2015). India's fast growing cities have placed a demand on safe, reliable and efficient public transport. In India the humble auto-rickshaw serves the mobility needs of millions of city folk. The fact is this that auto driving sector is largely unorganized, with poor quality of service, poor safety and environmental performance, and low earnings for drivers. Auto rickshaw today is an important and regular mode of travel in Villages and big cities. It is cheap and convenient compared to other modes of transport. All types of people, middle or low income, rely on auto rickshaw for their day-to-day journey (Saranya, S. 2015). In case of India auto-rickshaws are main mode of public transport in urban and semi-urban areas. In informal occupational stress is a major hazard for many workers. Increased workloads, overtime, hostile work environments, and shift work are just a few of the many causes of stressful working

conditions. Not many studies are available in India, regarding Auto-rickshaw Drivers (Sinha, A. K. and Shashikala, M. 2015).

Review of Literature

Ranjan, R. (2015) has studied the relation between work-life balance and quality of life among auto rickshaw drivers in Mumbai. The author has assessed the components of work-life balance on time balance. The research carried out by the researcher is important because it draws our attention towards the deteriorating conditions of the auto rickshaw drivers and highlights their working and living conditions. Further it also provides a tentative starting point towards the greater understanding of current scenario under which the auto-rickshaw drivers are performing their duty. From the study it has come forward that those who spent more time on family than work (driving) experiences a higher quality of life than those who spent more time on work (driving) than family. Arup, M. (2014) has conducted research on Urban Informal Sector and its role towards development in India. The author has revealed that the urban informal sector plays a vital role in providing sources of livelihood particularly to the rural migrants and several low income households residing in urban slums. The prime focus of the research has been on the relative size and composition of the informal sector. The research has revealed that the rural labourers who are pushed out of the agricultural sector due to the lack of productive source of livelihood and at the same time could not be absorbed in the rural non-farm sector or the high productivity manufacturing sector in the urban areas are likely to get residually absorbed in the low productivity urban informal sector. Despite a rise in enrolment ratio, a large segment of this workforce is either unskilled or semi-skilled. The author has mentioned that employment growth in the informal (unorganized) manufacturing sector has been negative between 2005-06 and 2010-11. Possibly the informal sector units are not able to compete and thus in an attempt to

reduce workers cost, the downsizing of employment has taken place widely. Tiwari (2006) has conducted research on "Income Consumption and Poverty in Urban Informal Sector" based on a sample of 1500 unregistered informal workers from Agra, Kanpur and Puri. The researcher has tried to examine the poverty of unregistered informal sector workers. The author has revealed that in Agra, 51 percent and in Puri 37 percent workers were living below poverty line, which is a discouraging figure. In this paper the author has mentioned that among informal sector activities in these cities, chemical sector provides largest income generating opportunities within the unregistered informal manufacturing hub. Author underlines the need of raising the loan limit and introduction of a separate credit scheme. The researcher after carrying out the research and after observing the conditions of the workers has advised Central Government to promote economic activities in consonance with the rehabilitation programs for the socio-economic development of both unregistered informal sector workers and the entrepreneurs.

Significance of the Study

Informal sector is playing a significant role in the development of India by way of providing employment opportunities to millions of people in India but the fact is this that informal sector is a neglected lot not only in the state of Jammu and Kashmir but throughout whole India. No serious attempt has been taken by the government of India for the benefit of workers in informal sector. Auto rickshaw drivers are self-employed, which comes under the domain of unorganized sector. In the state of Jammu and Kashmir no research has been carried out on auto rickshaw drivers. So the present study shall focus on understanding the socio-economic conditions of auto rickshaw drivers in District Srinagar. Further the research paper shall also highlight the living conditions of auto rickshaw drivers. Also the present research shall also highlight the various problems associated with auto rickshaw drivers. So the present research shall be useful in

understanding various social and economic aspects of auto rickshaw drivers in District Srinagar and shall also help in providing valuable suggestions for the uplifment of auto rickshaw drivers.

Objectives

1. To study the socio-economic conditions of the sampled auto rickshaw drivers of District Srinagar.

2. To study health problems of the sampled auto rickshaw drivers of District Srinagar.

3. To formulate a set of recommendations for upliftment of auto rickshaw drivers of District Srinagar.

Methodology

Research Design

The research design is exploratory, and descriptive in nature. Reason for using exploratory and descriptive research design is that about the research problem almost no information is available. The present research is purely quantitative in nature.

Tools of Data Collection

In order to collect data from the respondent's interview schedule was used, which consisted of both close and open ended questions. The universe of the study was District Srinagar. Apart from interview schedule, informal interaction with the respondents was also given due importance. Informal interaction helped the researcher to understand the research problem in a better way.

Sample Size

Purposive sampling method was used to carry out the research. The total number of respondents was 50. The researcher purposively selected two auto rickshaw stands from District Srinagar which includes Lal Chowck and Hazartabal. Reason for selecting these two areas is that both the areas are urban areas of District Srinagar. These two areas remain busy due to flow of people

from different places towards these two places. The respondents were motivated to participate in study by the researcher and due care was taken while collecting data from the respondents. The study continued till the last respondent was interviewed. The collected data was then tabulated and analyzed properly in order to draw the final inferences.

Results & Interpretation

### Table (1) Age and Education of Respondents

Age of Respondents		Education of Respondents	
Class	**Response**	**Class**	**Response**
18 – 25	10	Illiterates	22
26 – 35	27	Up to primary	15
36 – 40	11	Up to 10th	03
44 – 50	02	Up to 12th	07
51 and above	00	Graduation	03
Total	50		
		Total	50

Source: Field work carried out in District Srinagar 2017

Table (1) as mentioned above shows the age and the education of the respondents. The above table has revealed that amongst the respondents, 10 respondents are in between age group of 18-25 years, 27 respondents are in between age group of 26-35 years, 11 respondents are in between age group of 36-40 years, 02 respondents are in between the age group of 41-50. All the respondents have been driving auto rickshaw from more than five years. So far the educational

attainment of the respondents is concerned, the above table (table1) makes it clear that amongst the respondents, 22 respondents are illiterate, 15 respondents have studied up to primary level, 03 respondents have studied up to 10th level, 07respondents have studied up to 12th level and the remaining 03 respondents have studied up to graduation level. The research has revealed that most of the respondents are illiterate. While having informal talk with the respondents, the researcher observed that majority of the respondents are illiterates because of poverty. Due to poverty they had not been able to receive education and had started to work at an early age of their life. Figure (01) as mentioned below highlights the educational attainment of the respondents.

Figure: 01
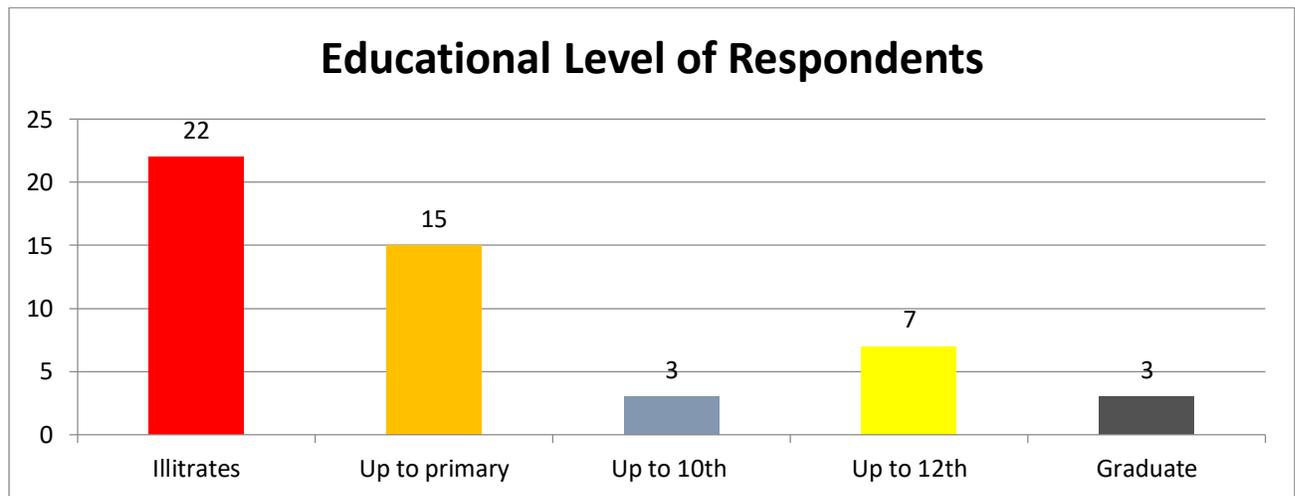
Bar chart as mentioned above (figure: 01) is about the educational attainment of respondents.

*The chart shows clearly that majority of the respondent are illiterates.*

Table 2: Income from operating Auto-Rickshaw and Reasons for choosing Auto Driving Profession

Monthly income of Respondents			Reasons for choosing Auto Driving Profession		
S.no	Class	Response	S.no	Class	Response
01	3000 – 5000	18	01	Illiteracy	24
02	5001 – 8000	23	02	Lack of employment opportunities	14
03	8001 – 10000	08			
			03	poverty	10
04	10001 – 12000	01	04	Absence of earning Member in the family	02
05	12001 – 15000	00			
Total		50	Total	50	
				Source: Field work carried out in District Srinagar 2017	

The above table (table 2) reveals that 18 respondents are earning 3000 to 5000 per month, 23 respondents are earning 5001 to 8000 per month, 8 respondents are earning 8001 to 10000 per month. The above table reveals that only one respondent out of 50 is earning 10001 to 12000 per month. So far the question of choosing this profession is considered the above mentioned table (table 2) reveals that 24 respondents have chosen this profession because of illiteracy, 14

respondents have chosen this profession because of lack employment opportunities in formal sector, 10 respondents have chosen this profession because of poverty and the remaining 2 respondents have chosen this profession because of having no earning hand within the families. On the basis of observation, it can be said that illiteracy and due to lack employment opportunity in the formal sector has forced the respondents to enter into auto driving profession.

Figure: 02
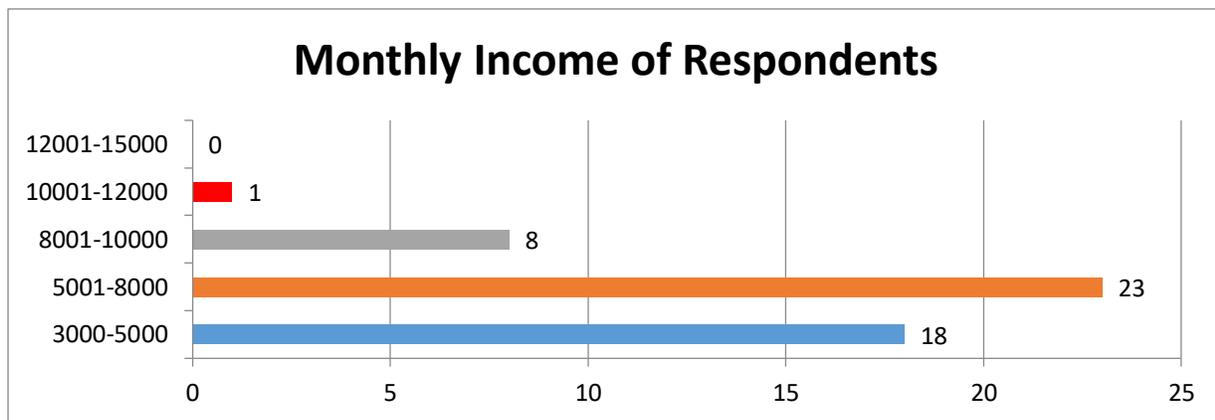
Bar chart as mentioned above (figure: 02) shows that majority of the respondents are earning 5001 to 10000 per month.

Table: 3. Satisfaction level of Auto Rickshaw Drivers

Are You Satisfied with Your Occupation		
S.no	Class	Response
01	Yes	11
02	No	39
Total		50

Source: Field work carried out in District Srinagar 2017

The earlier table (3) has revealed that 11 respondents out of 50 are satisfied with their occupation. The respondents revealed that firstly we are illiterates and secondly our age is not allowing us to shift to another occupation. 39 respondents out 50 revealed that they are not satisfied with this occupation because of low earnings and other hardships associated with this occupation. On the basis of observation, it can be said that majority of the respondents are not satisfied with their occupation due to various reasons like stress of taking proper care of family members, low earnings and due to negative attitude of society towards auto drivers.

Table: 04: Health problems Auto Drivers face because of Driving Auto Rickshaw

Health Problems		
S.no	**Class**	**Response**
01	**Back pain**	**21**
02	**Head ache**	**13**
03	**Stress and respiratory problems**	**17**
Total		**50**

Source: Field work carried out in District Srinagar 2017

The table (04) as mentioned above shows clearly that 21 respondents out of 50 mentioned that because of driving auto for long hours ultimately affects their back. The respondents mentioned that because of driving auto they always feel pain in their back, due to this problem they are not in position to drive auto regularly. The respondents also revealed that when they do not drive auto every day, this condition ultimately affects our lives, not only of ours but also of our family members. 13 respondents out of 50 mentioned that as they have to stand in front of the auto for

long hours, this standing creates head ache problem for us. The respondents also mentioned that as they have to carry passengers from one place to another especially through congested areas, the loud noise coming out of other vehicles on the road creates head ache problem for us. 17 respondents out of 50 mentioned that due to low earnings, they always feel stressed. Further the respondents revealed that as in Srinagar the traffic pressure is very high, so lot of harm full gases coming out of vehicles creates respiratory problems for us.

All the respondents mentioned that from the government side there is no free medicine available for them in government hospitals. The respondents mentioned that on the one hand they are earning less and on the other hand they are facing lot of health problems, for this they are supposed to consult the private doctors for treatment, which most of the times becomes very difficult for us.

Conclusion and Discussion

Looking towards the contemporary world, all most all the countries are not in a position to create too many formal jobs in order to absorb the growing population. From this perspective, it seems that it is only informal sector which has to stand for a longer period of time. In developing countries, informal employment is the main source of income for majority of the workforce. While drawing a comparison on income between formal and informal workers, the earnings of informal workers are less. Not only earnings are less but the legal protection for informal workers in India is almost nil. Due to scattered nature of work, informal workers are not in a position to combine together and fight for their rights, due this reason informal workers are doubly exploited. Need of the hour is that the concerned agencies should recognize the importance of informal sector, because this sector not only provides employment to millions of people but also contributes significantly to gross domestic product. The informal enterprises and

the informal workforce need to be valued for their contributions and integrated into economic planning and legal frameworks. It is a matter of fact that in order to make cities more equitable and productive, governments need to support the economic and social rights of the urban working poor in the informal sector. Many people stigmatize informal workers as people who avoid taxes and regulations, represent unfair competition to formal firms, inappropriately occupy public space, create congestion and unsanitary conditions, and pose public health risks. This view is particularly harsh on the informal self-employed who need access to public services, public spaces, and public procurement to pursue their livelihoods. This view fails to recognize that informal sector activities not only represent a livelihood strategy of the working poor, they also constitute the broad base of the urban economy, by way of supplying goods and services to the formal economy and contributing to urban economic growth. At least the government of India should enhance legal, social security, safe working environment, fixed hours of work and proper wages to all workers in informal sector in general and also for auto rickshaw drivers as well. These steps will definitely change the whole life of workers in informal sector, if properly implemented. On the basis of the research findings, the paper can be concluded by saying that inclusive cities are more equitable, productive, and environmentally sustainable.

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Islamic State and Privileges of Minorities: A Model of Genuine Social Equality

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Abstract

Concept of social justice has been defined differently in various fields. But one of the most accepted definitions is that the term social justice means, 'the fair and proper administration of laws conforming to the natural law that all persons, irrespective of ethnic origin, gender possessions, race, religion etc, are to be treated equally and without prejudice'. In real essence it is concerned with equal justice in all spheres of life. In spite of the fact that social equality is the principal component of today's Democracy but still world is witnessing social discrimination on daily basis throughout world which is evidence to the fact that Democracy or any other world order fails to provide any effective system to control the violation of the principle of social equality in the society. But Islam being the complete code of conduct has given a concrete system of law for the promotion and protection of social justice based on divine Sharīah. The Quran strongly forbids any kind of discrimination in Islamic state. Islam seeks to establish such a society where all citizens of the state enjoy equal rights and religion does not form the basis for any discrimination. For any kind of indiscrimination in the Islamic state there is very strict punishment under Islamic law. In Islamic state minorities enjoy privileges that are not found in any other world system. This paper is an endeavor to highlight the concept of "Dhimmah"in universalistic perspective. The historic cum Analytical method will be used for carrying out the work. The paper will be based on both primary as well as secondary sources.

Key Words: *social justice, social discrimination, shariah, dhimmah*

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Introduction

In contemporary religious and political discourses throughout world especially in western countries, the concept of Islamic state is perceived negatively due to the declaration of Islamic state by Abu Baker al Baghdadi in Iraq and Syria. Al- Baghdadi's Islamic state which is known as ISIS or ISIL is essentially different from the ideological Islamic state founded by Prophet Muhammad ﷺ at Medina which is a true model of the concept of Islamic state in Quran based on universal brotherhood, equality, social justice, love, toleration, basic liberalities of individuals, human dignity and welfare. It was guided by divine shariah in the form of Quran and Hadith. Distinctive difference between the Islamic state of Medina and the one claimed by Dayesh (Abu Baker al Bagdadi) is that ISIS has been the product of state failure, civil war and the repression of sunnis by Shiite governments of Nouri al-Maliki in Iraq and by the attrocites of the regime of Bashar al Asad against its own people. [1] So in a sense it is the psychological human reaction to atrocities faced by them as ISIS is based on fundamentalism, religious intolerance and self imposed system. On the other hand the legitimacy of the institution of real Islamic caliphate founded at Medinah by Prophet ﷺ and Rightly guided Caliphs is mainly based on three essential principles such as Shura (mutual consultations), aqd (contract between ruler and ruled) and Bayah (oath of allegiance). [2] Al-Bagdadi's ISIS lacks all these principles, so it is wrong to understand concept of Islamic state in context of ISIS which is actually not Islamic. Social justice and brotherhood was the integral component of Islamic state of Medinah. Social justice is a multidimensional term and has been used in various perspectives by different writers. But mostly concept of social justice refers to an egalitarian society that is based on the principles of equality and solidarity, which understands and values human rights and recognizes the dignity of every human being.[3] Social injustice has bedevilled man's life in the past, and continues do so

today. It happened under radical socialist regimes and in other non-communist regimes too the individual is robbed of his freedom and dignity merely because he does not have a particular skin colour or does not belong to a particular race, or is not born in a certain class or profess a particular creed. [4] Great philosopher Plato too argued in his republic that an ideal state rests on four virtues; wisdom, justice, courage and moderation. [3] This paper is an endeavour to explore the concept of social justice in Islamic state which is essentially an ideological state, and is thus radically different from a national state [5] and will likewise talk about rights, privileges and status of non-Muslim minorities in an Islamic state. The political system of Islam as explained by Hammuda, A. is unique in its structure, function, and purpose. It is not pragmatic or instrumentalist. It is not theocracy whereby a certain class of people assumes divine rights, hereditary or otherwise, and poses, above other citizens, beyond accountability. Nor is it a proletariat where by some revengeful labourers capture power. It is not even democracy in its popular sense. It is something different from all that. To appreciate the political outlook of Islam one must know that it is based on the following principles: 1. Sovereignty in the Islamic state does not belong to the ruler or even to the people themselves. It belongs to *Allah* "Almighty" and the people as a whole exercise it by trust from Him to enforce His law and enact his will. The people serve them according to the law of *Allah.* This is the foundation of Islamic state and is only consistent with the general outlook of Islam on the Universe of which *Allah* is the creator and in which He is the sole Sovereign. [6]

Concept of social justice in Islam

According to Ahmad Zaki Yamani the concept of social justice in Islam consists of providing equal opportunities rather than equal incomes to the people so that they may realise their potential to the maximum. [4] In view of Tariq Ramadan, social justice does not mean equality

and dignity only but it is about well-being as well. According to him, "it's not the state of affairs but an ideal. It's an ongoing struggle. We are not going to simply be given social justice. It will never be that perfect. Absolute justice is with God, this is for Him. For us, it is trying to do as much as we can, trying to reach relative justice. Actually we are not struggling for a result, we are struggling to reform and our intention in this is change and do as much as we can. It is rather a goal we are dealing with". [7] Similar view is held by Amina Wadud that "justice is not simply what we humans determine to be right, just and equitable. It is an existential aspect of humanity; standardized, implemented and protected perhaps by human institutions and organizations, but not granted by them primordially. [8] The term social justice is generally applied to economic justice or just distribution of economic duties and rewards. But in its broader sense, it denotes something more than purely economic justice. It means 'to foster and encourage, in and through partnership, the highest possible development of all human faculties in all its members and this end is justice or right ordering of such a society. Islam combines social and legal justice by its moral teaching and legislation. [9] Hence it can be claimed that the underlying purpose of the Islamic approach is to strike a balance between the interests of the individual and that of the society. Islam permits the interest of the society to overweight the interest of the individual only in those rare cases when it is impossible to combine it with the interest of the society. [4] Islam wants social justice through moral teachings than legislation as has done by Prophet ﷺ at Medina. Instead of trying so many systems by the world like socialism, capitalism, communism etc, animosity between man and man continues to plague humanity. History is testimony to the fact that how the dream of equality and justice came true in the time of Prophet ﷺ and the early caliphs and from time to time thereafter. [4]

Psychological dimension of social justice

Explaining here the psychological dimension of social justice is very significant in a way as the United Nations started new parameters and the scale on which the development of a society is measured like the human development index. According to them well-being and how one feels in the society is interconnected. We need to say social justice is also about this: brotherhood and communication. [7] According to Professor Dr. Tariq Ramadan, social justice is not only about equality and dignity but it must include "well-being" as well. He says when one instead of possessing money, wealth and all comforts of life, still feels internally bad in other terms depressed and peace less it means something is missing perhaps "well-being" there is inner injustice and ones heart is not at peace. [7] This dimension of social justice is connected with psyche of humans. So for Muslims, this dimension of well-being is crucial. Social justice is the condition for peace, that we want in people, in ourselves and within our society.[7] In the present scenario, number of countries whose GDP is very high show poor human development index's happiness ranking. In other terms it can be said that they fail to address the third dimension of social justice i.e "well-being" in real perspective. Social equality is also psychologically very important to understand because it develops in people the sense of we-feeling , hence promotes national integration and fraternity.

Concept of *Dhimmah* (universal perspective)

The concept of Islamic political system is important for being elastic in giving room for individual ideas, it is this characteristic which enabled the Muslim thinkers to develop their opinions into theories. Consequently, the different approach to political theories resulted in the development of political schools of thought to which a number of thinkers belong. [6] In early Arabic literature the term "*Dhimmah*" was used in different meanings of both positive and

negative manner like for sanctity (Hurmah), protection (Aman), unworthy (Madhum) and inability. [11] In contrast, Quran used this in a very narrow and limited sense. In the Qur'an and Hadith, it is used to characterize the relationship of humanity to God and man's responsibility in this relationship. [11] According to Senturk, "In classical Islamic jurisprudence, the term *dhimmah* means accountability and inviolability, which is usually termed personhood in modern legal discourse. Moral, religious, and legal accountability requires one to have *dhimmah* (personhood). If one has *dhimmah* (personhood), one can bear rights and responsibilities. *Dhimmah* distinguishes human beings from animals because humans are responsible for their actions. Having *dhimmah* is thus a privilege that entitles one to be a full member of society. Accountability before the law is a prerequisite for membership in society, which comes with a right to complete inviolability."[12] According to Senturk, "*Dhimmah* is also commonly understood as 'protection,' 'treaty' (ahd), and 'peace' (sulh, rather truce), because it is a treaty that puts non-Muslims under the protection of Muslims. Thus, 'this is in his *dhimmah*' means that a person is accountable to the law or is under its protection. This accountability may be based on a written contract or a general law. Islamic jurisprudence stipulates that dhimmah is what makes a person responsible for the consequences of his actions, because he has personhood, others can hold him liable for his deeds and demand that he fulfill his duties which are their rights. Yet it is unanimously accepted that 'one's *dhimmah* is originally clear of charges' (*al-Asl fi al-dhimmah al-bara'ah*) unless a charge is proven beyond doubt by evidence. This principle is interpreted as 'one is innocent unless proven otherwise.' "This question has divided Muslim jurists. Some have claimed that *dhimmah* is a birthright and that people have *dhimmah* after conception by virtue of being human. Others have contended that *dhimmah* is a gained right and that people obtain it by virtue of their citizenship (belonging to a community). Universalist group

believes that human beings, be they from majority or the minority, are entitled to rights by virtue of their humanity. Thus advocating equal rights for all human beings regardless of their inherited and innate qualities such as class, race, colour, language, religion, and ethnicity. This view was first formulated by Abu Hanifa (699-767 C.E.) in the following precept: Inviolability is due to all human beings by virtue of their human. The non-Muslim individual who has a right to "personhood" is called *dhimmi*, while their community as a whole is called *ahl al-dhimmah,* which literally means 'people with accountability and inviolability.[12]In other terms we can say as per universalistic school, non-Muslims are equal in enjoying the right to personhood and that they acknowledge their accountability (*dammah*). There is no difference between Muslims and non-Muslims as for as human rights are concerned. [12]

Rights and status of minorities in the Islamic state

The aim of the Islamic state is to administer justice and provide security and protection for all citizens, regardless of colour or race or creed, in conformity with the stipulations of Allah in His constitution, the Qur'an, The question of religious or racial minorities does not arise so long as they are law abiding and peaceful citizens.[6] Islam was the first to recognize basic human rights and almost centuries ago, it set up "guarantees and safeguards" that have only recently been incorporated in universal declaration of human rights. [13] In an Islamic state minorities can live with dignity and enjoy such a status, which no other minorities are having in any other law. Minorities, in the Islamist concept, are 'non-Muslims' who continue to live under Islamic rule on the basis of an agreement that allows them to continue to adhere to their faith and regulates their rights and obligations and other aspects of their relations with the Muslim community and Islamic government. The terms commonly used by Islamists to refer to minorities are *ghayr al-muslimin* (non-Muslims*), al-mukhalifin fi al-din* (the others in religion), and *ahl al-dhimma*

(protected people), the last mentioned is a status awarded to them by virtue of their acceptance of Islamic rule and protection. Receiving the status of 'protected people' is contingent on an agreement drawn up by the Muslim ruler with the non-Muslims who are prepared to accept Islamic rule. They are given 'citizenship', protection of life, dignity, and property, and freedom of worship, and in return they are obligated to pay special taxes, accept Islamic civil law, and respect the sensibilities and beliefs of their Muslim protectors. [14] Some of the general rights enjoyed by minorities in an Islamic state are as:

Right to life and dignity

The protection of life, honour and property of *Ahl-ul- dammah* in an Islamic state is an obligation of *Khalifah* (Islamic government). Islam has great respect for human life, enjoins upon its adherents to respect and safeguard lives and dignity of every human being whether it belongs to your community or not.[15] The sanctity and absolute value of human life is upheld by the *Qurān* which states; "we ordained for the children of Israel that if any one slew a person- unless it be for murder or for spreading mischief in the land –it would be as if he slew the whole people and if any one saved a life, it would be as if he saved the life of the whole people. [17] Hence *Qurān* points out graphically that in essence the life of each individual is comparable to that of whole community and therefore should be treated with great care. [15] The dignity and respect of human life has been portrayed by *Qurān* in this way, "we have indeed created man in the best of moulds" and in next verse, "then do we abase him (to be) the lowest of the low". [18] So it is the religious duty of Muslims to respect the honor and dignity of fellow human beings merely because he is human and God has given him such rights. Islamic history is full of examples and events which testify the claims made by Muslims with regard to fair and honorable treatment meted out to non-Muslim minorities under Islamic law.

Right to freedom of religion and thought

First and foremost, non-Muslims are permitted full freedom of conscience and belief, and are allowed complete liberty to perform their religious rituals and to worship in their own prescribed way. Muslims should not abuse or speak ill of non-Muslim religious leaders or saintly persons or say anything insulting about other religions. History does not deny this fact that Islam has safeguarded and protected worship places of non-Muslims and sanctified their rituals. [6] There are number of Quranic verses and Ahadith regarding honor and respect of other religions and their adherents. Although it is incumbent upon the Islamic leadership and society to guard the religious freedom of the individual, freedom of choice regarding religious beliefs or convictions is not absolute. Muslim jurists unanimously agree that an Islamic state should provide its non-Muslim citizens religious freedom and worship, as long as the later do not abuse such privileges and threaten the security and integrity of the state. [19] Freedom of belief grants immunity to worship places and the conduct of non-Muslim religious ceremonies, although the non-Muslims must be considerate of the sensibilities of their Muslim neighbours in public, so as to prevent internal tension between the communities (*fitna*). New places of worship (churches and synagogues) may be rehabilitated or built if circumstances or interests warrant it, this is, of course, possible in places where non-Muslims form the majority of the population. [14]

Right to earn livelihood

Islam has guaranteed to non-Muslims living under its umbrella the right to engage in any form of commercial activities, including buying, selling, leasing, and otherwise, with the exception of exercising riba (taking interest on loans, etc.). This rule was derived from a letter from the Prophet ﷺ to the Magians of Hajar, where he said, "You may choose between neglecting riba or facing war with *Allah* and His Prophet ﷺ." The selling of liquor and swine in Muslim provinces

are also to be added to the list of the impermissible, otherwise, non-Muslims may practice any form of commercial activities. Adam Mitz, as quoted by al-Qaradawi, once said Islamic jurisprudence does not forbid *Dhimmis* from entering any field of labor they choose, and they were well-established in trades which yield large profits, excelling as bankers, landlords, and doctors. Moreover, they managed to organize themselves, such that the most prominent bankers in the Levant (Syrian and Palestine) were Jews, whilst the best physicians and writers were Christians, and the chief of the Christian population in Baghdad was the caliph's personal doctor, as the caliph also gathered in his court the chiefs and heads of the Jewish population. [6]

Cultural and educational Rights

The non-Muslims shall naturally have to accept the same system of education as the government may enforce in the whole country. [6] Non-Muslims enjoy the freedom to bring up their children, according to the tenets of their own faith. This implies the freedom to educate, to assemble, and to organize activities. Moreover, non-Muslims are permitted to keep their own languages and customs, open their own schools and colleges and to be visited by missionaries of their own faith. Al-Faruqi argues that the *dhimmi's* right to educate his children concerns religion only, not the civil or public life of the Islamic state as a whole, of which he is a member. In addition, if a non-Muslim minor is taken as a prisoner of war along with his parents, the child has the right to continue the religion of his forefathers, even after the death of his parents. [19]

Right to freedom

Basharat Ahmad proclaims, "it was the Holy *Qurān* which for the first time preached the gospel of human freedom with such zeal and emphasis that the whole world woke up, as it were from the deep sleep. [13] There is much in the *Qur'an* to suggest that it would support Jean Jacques Rousseau's famous statement, "Man is born free, and everywhere he is in chains." A large part of

the *Qur'an's* concern is to free human beings from the chains which binds them; traditionalism, authoritarianism (religious, political, economic), tribalism, racism, sexism, and slavery. It is obvious that God alone is completely free and not subject to any constraint. The human condition necessitates that limits be set to what human beings may or may not do, so that liberty does not degenerate into license. Recognizing the human propensity toward dictatorship [15] and despotism, the *Qurān* says with startling clarity and emphasis, "It is not right for man that God should give him the Book of Law, power to judge and (even) Prophethood, and he should say to his fellow-beings to obey his orders rather than those of God. He should rather say, Be faithful servants of God by virtue of your constant teaching of the Book and your constant study of it". [20] Islamic law completely rejects any type of injustice in society.

Conclusion

From the above discussion it becomes crystal clear that Islam provides all legal rights, privileges and comforts to its religious minorities. They are living peacefully and with dignity. Islamic state is based on social justice. The aim of the Islamic state is to administer justice and provide security and protection of all citizens, regardless of color, race, creed or religion in conformity with the stipulations of Allah in His constitution, the *Qurān*. The underlying purpose of Islamic approach is to strike a balance between interest of individual and that of society. The wrong notions found among non- Muslims regarding their status in an Islamic state is based on misunderstanding and confusions. Hence Islamic state is the true model of social justice. There are many things which need to be researched and interpreted in future.

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Role of Emotional Intelligence in various spheres of life- a systematic review

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Abstract

Emotional intelligence is gaining much importance for researchers, intellectuals, academicians and even for a common man. The purpose of this paper is to conduct a systematic review of the studies pertaining to Emotional Intelligence. It describes various studies undertaken to study the role and impact of emotional intelligence in different areas of life such as education, information technology, leadership etc. Different studies conducted on emotional intelligence are evaluated for understanding the contribution of emotional intelligence in life. The findings prove that emotional intelligence is at work in different dimensions of life and contributes positively for the success and welfare of human beings. The study provides insight on future research directions by helping in identifying gaps in literature on emotional intelligence.

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Introduction

Man is a creative, supreme and distinctive creature owing to its ability to understand, feel, express, communicate and curiosity to know his environment. This supremacy led to the development and exploration of new knowledge about unknown areas. Present level of development in different spheres of life is the result of such endeavours. But along with this development and progress man has become selfish, unreal and unconcerned towards others. In this regard emotional intelligence becomes vital and necessary. Many psychologists and researchers like (Thorndike, 1920; Moss and Hunt, 1927; Hunt 1928; Vernon, 1933) have contributed towards the emergence of the concept of emotional intelligence. But Goleman (1995) through his classic book (Emotional intelligence: why it matters more than IQ) published in 1995 gave new direction to the concept and meaning of emotional intelligence. He gave practical dimension to the concept. Emotional intelligence has four features such as the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth (Mayer & Salovey, 1990). Goleman incorporated five essential elements of emotional intelligence as emotional self-awareness, self-regulation, motivation, empathy and social skills. Goleman's new direction prompted many psychologists and social scientists to study the role of emotional intelligence in different walks of life. Many studies are available which provide ample evidence that emotional intelligence has been studied from so many angles. EI has been studied from the angle of career and advancement in organizations (Dulewicz & Higgs, 2003; Langley, 2000). Emotional intelligence has been studied for psychological, social and physical adjustment. At the psychological level, higher EI has been found to be associated with greater well-being (Austin et al 2005), greater life satisfaction (Di Fabio & Saklofske, 2014) and decreased psychological disorders. At a social level, higher EI showed increased social

support (Mikolajczak et al 2007) and better quality social and marital relationships (Malouff et al 2014) . Therefore it is no wonder, researchers and career advisors are exploring the possibilities of extending the application of EI to many other arenas of life such as health, government, defense, education and even families (Gibbs, 1995; Kaufhold & Johnson, 2005; Kusche &Greenberg, 2001; Morehouse, 2007). It is evident from these studies that emotional intelligence is at work in different areas of life. This paper will try to get some insight into the role played by emotional intelligence in the area of health, job satisfaction, leadership, information technology and social life.

Review of literature

A systematic review of literature is presented in the headings that follow.

Emotional intelligence and health

In the area of health, emotional intelligence has been studied from the point of view of physical aspect and psychological aspect. Higher levels of emotional intelligence lead to lower levels of healthcare expenditure. This is possible through lower levels of drug consumption, fewer doctor consultations and hospitalizations (Mikolajczak et al. 2015). It has also been found there is a strong relationship between emotional intelligence and physical health (Martins, 2010). Emotional intelligence is also beneficial in terms of psychological health. It has also been found that higher the level of emotional intelligence, lower is the level of aggression. As expected men have been found to show higher levels of aggression as compared to women but females showed higher levels of total emotional intelligence (Megias, 2018). Emotional clarity and repair are related to lower levels of depressed mood in adolescents. Emotional intelligence is negatively related to depressed mood (Balluerka et al. 2013). Emotional intelligence also moderates the relationship between depression, hopelessness and suicidal ideation. People with the skill of

MOE (Managing others emotion) responded to stress with less suicidal ideation than others (Ciarrochi, 2002).

Emotional intelligence and job satisfaction

Many studies are available which have studied the role of emotional intelligence on job satisfaction. (Bar-On, 1997; Wong & Law, 2002; Hasankhoyi, 2006; Guleryuz, et al., 2008; Kafetsios & Loumakou, 2007;Anari, 2012; Salim, et al., 2012; Mousavi et al, 2012). Emotional intelligence significantly predicted job satisfaction. High emotional intelligence helps the individuals to control their emotions and that of others effectively, all this results in self efficacy and success in job (Akomolafe & Ogunmakin, 2014). There is a positive significant correlation between emotional intelligence and job satisfaction, EI and organizational commitment, job satisfaction and organizational commitment. There is no significant difference among different age groups of high school English teachers concerning EI (Anari, 2011). Employees sometimes face conflicting situations. One such situation is work family conflict, which leads to stress. Emotional intelligence also helps to relieve the stress of employees by acting as a moderator. There is a significantly negative relationship between emotional intelligence and family work interference (FWI) and work family interference (WFI) (Shi & Niu, 2013). Emotional intelligence is also a predictive of career adaptability. High level of emotional intelligence results in confidence, motivation and optimism. Managing ones emotions and career aspirations and concerns helps to set clear goals, decision making and creative thinking help in career adaptability (Coetzee and Harry, 2014). Emotional self-awareness helps to get deep into the emotions and understanding them thoroughly which ultimately strengthen individual job performance. It also results in positive mood and leads to determined goals (Asrarulhaq & Misbah, 2017)**.**

Emotional Intelligence & Leadership

It has been noted that leadership is an "emotion laden process" (George, 2000, p. 1046). Emotional intelligence and leadership has been studies in so many studies (Zaccaro, 2002; Bass in Riggio et al., 2002; Coˆteˊ and Miners, 2006; Coˆteˊ et al., 2010; Rosete & Ciarrochi, 2005). In one of such studies it was found that emotional intelligence encourages the individuals to use transformative leadership style, which can help in team and project management (Potter et al. 2017). Higher EI of employees and leaders helps in better communication, performance, better social relationships within the work-setting, higher empathy, higher levels of responsibility and support, effective decision making and allows leaders to find innovative rewards for effective functioning (Bassem E. Maamari Joelle F. Majdalani, 2017). There is a significant relationship between transformational leadership and emotional intelligence. But the interaction of gender and emotional intelligence has no effect while predicting transformational leadership from emotional intelligence (Mandell & Pherwani, 2003).

Emotional intelligence and information technology

As present age is the age of information and technology, therefore emotional intelligence has also been studied in this field too. A study showed that high users of internet express more deviant values. Results suggest that frequent users of internet are low on emotional intelligence than others. They have less social networks, feel loneliness due to the lack of emotional competence (Engelberg, & Sjöberg, 2004). It was also found that females are better than their male counterparts because they are emotionally more intelligent than men. There is a positive correlation between emotional intelligence and job performance which they reported many researchers have reported in their study on emotional intelligence and job performance among IT employees (Dhania & Sharmab, (2017). There is a strong relationship between a U.S. IT professional's Emotional intelligence and communication adaptation (Hendon et al 2017).

Emotional intelligence and social life

It has also been found that personal resiliency has a relationship with both personality traits and trait emotional intelligence. Personal resiliency describes the person's capacity to manage challenges and difficulties in all stages and areas of life and to 'bounce back' following adversity (Fabio & Saklofske, 2018). A study conducted on Chinese adults found that mindfulness is negatively related to mental distress, positively related to life satisfaction. Emotional intelligence had partial mediating effect on mental distress which finally resulted in life satisfaction (Wang & Kong, 2013). Emotional intelligence also plays role in negotiation and meditation. The effective negotiator in the 21st century must be able to address the emotional dynamic not only by recognizing and managing his/her emotional self but also by recognizing and addressing the emotional aspects of all relevant parties (Kelly & Kaminskienė, 2016). In a study on emotional intelligence and risky driving behaviour in adults it was found that as we grow older negative driving emotions decrease as our levels of emotional control improve. There is a link between individual's age, emotional processing abilities and driving behaviuor on the road. There is an indirect effect of age and emotional intelligence on risky driving (Hayley et al 2017). Emotional clarity and emotional repair promote positive emotions which help in obtaining satisfaction from interpersonal relationships. Emotional abilities also have predictive value in perception of quality of life (Ruvalcaba-Romero, 2017).

Discussion & Conclusion

The aim of the study was to find the role of emotional intelligence in different walks of life. Therefore those research papers were studied which describe the impact, role and the contribution of emotional intelligence in different spheres of life. During the review of these papers it was evident that emotional intelligence plays a crucial role in different spheres of life. These studies suggest that emotional intelligence is positively related to some variables while as

it is also negatively related to some variables. There is a positive relationship between EI and life satisfaction (Wang & Kong, 2013), EI and personal resiliency (Fabio & Saklofske, 2018), EI and job satisfaction (Akomolafe & Ogunmakin, 2014), EI and confidence, motivation and adaptability (Shi & Niu, 2013), EI and transformational leadership (Mandell & Pherwani, 2003). There some certain variables to whom EI is negatively correlated like EI and mental stress Wang & Kong , 2013), EI and risky driving (Ruvalcaba-Romero, 2017), EI and health expenditure (Mikolajczak et al. 2015), EI and depressed mood (Balluerka et al. 2013), EI and aggression (Megias, 2018), EI and loneliness (Engelberg, & Sjöberg, (2004), EI and work family conflict (Shi & Niu, 2013). The findings of these studies have made valuable contribution towards understanding and highlighting the role of emotional intelligence. But during the review of these papers some limitations were also noticed. One of the limitations is that most of these studies are based on self report measures while measuring different variables (Balluerka et al. 2013; Megias, 2018; Anari, 2012). Therefore behavioural or psychological aspect should be added. Another limitation is that the sample taken is either small or homogeneous (Fabio & Saklofske, 2018; Bassem et al.2017; Mandell & Pherwani, 2003). Here effort should be made to include large representative sample. Third limitation of these studies is that some of them are based on correlation (Ciarrochi, 2002; Coetzee and Harry, 2014). It would be interesting to check the results in experimental settings.

To conclude we can say that emotional intelligence has emerged as one of the important theoretical and practical attributes that a person should have. It has become one of the important predicators of success in social and economic life, jobs and career, health, social relations, information and technology fields.

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Re-Conceptualizing Mental Health

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Abstract

The present paper attempts to offers a broader based epistemology of health rather than individualistic, illness-oriented models that are solely focussed on by the bio-medical paradigm at the expense of more social determinants of health. The paper argues that mental health is fashioned by structural determinants; deeply rooted social norms and values, largely governed by the social structures like caste, class, gender, religion, ethnicity, etc.; and intermediate determinants which are the conditions of daily life and behaviour, such as poverty, unemployment, the quality of childhood and family environment, the nature of work and work-place conditions, the quality and availability of housing, and the availability of resources for food, recreation, and education, political and family violence, social inequity and inequality.

Key Words: *Health, Biomedical Paradigm, gender, ethnicity.*

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Introduction

The primacy of health has a pivotal role to play in the existence of human beings and is *sine qua non*[i] for the upbringing of human society. To be healthy, being disease free is not a sufficient condition. It is not an "all-or-nothing" principle. It is a matter that goes beyond the mitigation of disease. To be healthy is *'Jus cogens'*[ii]. Since antiquity, the science of health and disease has been a subject of human concern, though it did not mean the same thing to everyone. The word "health"— derived from Middle English/ old English 'hoelth', meaning hale, hearty, and sound in wind and limb— was generally used to infer a soundness and efficient functioning of the body (Dolfman, 1973). One may find scores of definitions on 'health'; however, the most commonly accepted definition is that formalized by the World Health Organisation (WHO) over half a century ago. It defines health as 'a state of complete physical, mental, emotional, spiritual and social well-being and not merely the absence of disease or infirmity' (WHO, 2003, p. 2). Though contested, this definition elucidates that health is a multidimensional, multifactor and complex matrix, produced by a number of interacting variables. This definition also seeks to include social and economic sectors within the scope of attaining health and reaffirms health as a human right (Alma Ata Declaration, n.d).Health has always had a fair degree of nexus with the larger political, social, and economic structures (Sen, 1999). These forces generate an unwritten policy frame which not only influence the health of a population but also fashion their course of action. Changes in these systems by means of living and working conditions, food availability, social status in terms of caste, class and gender, education and access to public health services including distribution of resources, access to opportunities (service, jobs, education, and housing) and political human rights, all determine the health status of the population. Therefore, poor health is neither a hapless victim of bad fortune, nor an unfortunate cluster of random events or differences and variations in individual behaviours, rather the consequence of a toxic

combination of the deeper structures of the society ('poor social policies and programmes, unfair economic arrangements, and bad politics' that consistently keep the health of some countries and population groups below others) that together determine the way societies are organized (CSDH – Final Report, WHO, 2008, p. 26). This is what is called structural injustice and structural exploitation. Therefore, it is not wrong to say that the conditions in which one lives and works and the place he/she occupies in the unjust social hierarchy (in terms of socio-economic status), themselves are the result of these structural drivers, that together constitute the social determinants of health.

Public Health approach to Mental Health

Contrary to the biomedical model, which leaves no room within its framework for the socio-economic and political forces that fashion and determine the health of populations, public health adopts an approach which by and large acknowledges that health is multidimensional. This approach not only accounts for behavioural, biological and genetic factors, but also a range of economic, environmental and social forces; that determine one's access to public health. For instance, adequate work, secure housing, food availability, adequate income, meaningful roles in society, higher level of education, social support within communities and political human rights are associated with better mental health and well-being. The *social determinants framework of health*, as one of the approaches of public health, is dynamic in nature, offering both micro and macro analyses of the processes that lead to health or illness. On the one hand it offers us a window into the micro-level processes by which social structures lead to individual health or illness. On the other hand, it provides an opportunity to consider the macro-level processes by which power relationships and political ideologies shape the quality of these social structures. It also offers us numerous vantage points not only to analyse and understand this complex matrix but also to enquire about how power, politics

and economic relations shape the organization of society, and the distribution of wealth and other resources, the values that determine the type of society we live in.

Social Determinants of Health

The WHO defines the term 'social determinants of health' as the 'conditions in which people are born, grow, live, work and age – conditions that together provide the freedom people need to live lives they value' (Sen, 1999) – which are largely fashioned by the ways money, power and resources are distributed at global, national and local levels. The inequitable health status seen within and between countries is one of the upshots of it (CSDH, 2008). There is much evidences to prove that health outcomes (incidence and mortality) are directly linked with social determinants of health such as poverty, income, occupation, class, etc. (Marmot & Wilkinson, 2000; Raphael, 2006). However, this concept *'social determinants of health'* is not new in itself. According to Nayar, the linkages between socio-economic factors and health have a long history (Nayar, 2007). For example, during the 19th century, Rudolf Virchow and Friedrich Engels outlined the most enduring descriptions of social aetiology of disease. By challenging the linear model of disease causality (based on 'germ theory'), Virchow (1985, cited in Tesh, 1988, p. 72) argued that 'poverty and unemployment, political disenfranchisement and lack of education' are the sources of disease causality. He further argued that by providing better roads, mass education, improved agriculture and free & unlimited democracy guarantees better and health population. However, recognising the unequal distribution of diseases, Virchow saw its fundamental cause in unequal access to society's products (*ibid*). In contrast to Virchow, Engels attributes it to the unjust political and economic structures of society. Disease prevention was looked at as a matter of social change (Tesh, 1988)**.**

Theoretical formulations that take into account social, cultural and power dimensions of mental health and illness are beginning to reveal inequalities in terms of access to mental health care, diagnoses, and treatment (Goldstein, 1979; Conrad, 1992). Despite these long-standing traditions, the importance of social determinants of mental health still remains outside the mainstream of current discourses on health and well-being.

Dominant Frameworks in Social Determinants & Mental Health

We all are exposed to varying degrees of positive and negative exposures that accumulate to produce health outcomes. A substantial amount of life events research–at the micro-level–in psychiatry generally consider such (stressful) events to precipitate mental illnesses by acting as triggering and or cumulative effects (Sadock & Sadock, 2005). However, impoverished conditions predict the likelihood of physical, mental, and social problems (Keating & Hertzman, 1999) that have both direct and indirect influences on the well-being of people. The differences in psychosocial stresses are also the product of material conditions of life (Stansfeld & Marmot, 2002). Moreover, the differences in health outcomes (and psychological well-being in particular) are directly dependent on how economic and other resources are distributed within the population, i.e., fairer the distribution of resources among the population better the outcomes.

In this context, the neo-materialist view directs our attention to the effects of living conditions on individuals' health and the societal factors that determine the quality of the social determinants of health, i.e., how the distribution of resources is done in the society (Raphael, 2006). In consonance with this, the psychosocial comparison approach directs our attention to societal hierarchy and social distance as determinants of health. It is argued that health inequalities are strongly influenced by a person's interpretations of his/her standing in the social hierarchy (Kawachi & Kennedy, 2002). Raphael (2006) discusses two mechanisms by which this occurs. One occurs at the personal level, when an individual perceives and

experiences his or her personal status in unequal societies, resulting in stress and poor health. Second when one compares his or her status, possessions, and other life circumstances with those of others, which invokes feelings of shame, worthlessness and envy that have psychobiological effects on health. In an attempt to overcome such feelings, the individual overspends, takes on additional employment that affects health, and adopts health-threatening coping behaviour such as use of alcohol and tobacco. While not denying the psychosocial consequences of income inequality, the emphasis on psychosocial factors and that of people's perception and experience of living in social settings of inequality is but one expression of a cluster of larger political and economic conditions that affects population health at large. Therefore, the focus should not be just on perceptions of inequality but also on the material and non-material (as discussed earlier) conditions that sustain and maintain the inequalities. There is an active debate concerning the relevance of each approach for understanding the health-related effects of various social determinants of health (Lynch *et al*., 2004). Moreover, introducing exploitative elements of caste – a "fundamental determinant" of population health (Nayar, 2007) – into the debate, which is quite relevant in the Indian context, brings the question of how the organisation of so-called *upper castes* both creates and maintains inequalities in economic, social, and political power, thereby shaping both the determinants of population health and population health itself. Together with class, gender, ethnicity, and religion, caste constitutes a core social structure. Caste is more than a hereditary social class; stratified according to ritual purity of individuals, rather, it is more than a 'position' one occupies — it is also an expression of macro-societal forces that "produces" stratified hierarchies within society. As a societal structure, caste is a proxy for socio-economic status and poverty (Nayar, 2007), superseding other social structures. It is a social structure that creates the enormous inequalities that we observe in nearly every aspect of human existence across the entire life course. The caste structure in India is an expression

of religious and dynamic political and economic forces operating over time at macro-societal level. It has segmented the Indian society both socially and spatially, and tends to be discriminatory in accessing the opportunities and fair distribution of public resources. It constitutes an important determinant which indicates either exclusion or inclusion from social and economic opportunities. Caste is also intimately bound up with work and the labour process (hereditary). It is through an individual's work and the work of his/her parents that he/she enters into the life chances and circumstances of a particular caste. Unlike class, caste is deterministic in nature, there is 'no escape', and there is 'no choice'. It is same as born with "dead-end". As far as health and well-being is concerned, caste, along with other socio-economic and political structures, becomes an important criterion to determine the health conditions of the marginalized and underprivileged sections of the society. Together with class, gender and other important variables, caste is also strongly associated with access (or lack thereof) to social and public resources (service, education, and housing), informal social networks, institutional resources, and inter-generational resources. As long as the society continues to have a social structure like 'caste', 'class', 'gender', etc., it is almost certain there will continue to be health disparities (differences) between 'haves and have-nots', 'affluent & poor', 'powerful and weaker & marginalised, 'men & women', and 'lower castes & higher castes'.

However, the bulk of content of existing literature specifically focused on the social determinants of health takes a clear materialist position, i.e., how social determinants of health such as income, housing, food security, availability of health and social services, and quality of early childhood, among others, seem to act through material pathways to influence health (Lynch *et al*., 2004; Leon & Walt, 2001). Compared to material and non-material conditions, evidence for the role of psychosocial processes especially as related to mental health and well-being, is not only lacking but far from being recognized even. While

analysing the factors affecting health, our focus should not be limited merely to material deprivation. This is because the social gradient is not comprised of material determinants alone, but also of non-material factors that drive social wedges, like caste, gender, religion, ethnicity, etc. These are as important as material factors as they throw light on a person's position in the social hierarchy which in turn can reveal volumes about the status of one's health. Thus, a balance needs to be maintained by considering both materialist and neo-materialist analyses, against the backdrop of social processes which have a bearing on the determinants of health. This appears to hold true for psychological well-being as well.

As health is influenced by every dimension of life and every dimension is fashioned by a variety of political, economic, and social forces, one can only make an estimation of the state of mental health and well-being. However, there has been an expansion of this analysis to broader concerns within which such environments get created and sustained (Krieger, 2001). As stated by Raphael (2006) the structures which influence health and the pathways by which they do so, concerns both horizontal and vertical structures, which according to him are critical to understand (Raphael *et al.*, 2005). According to Raphael (2006, p. 661), 'horizontal structures are the more immediate factors' with more instantaneous effects while 'vertical structures are the more distant, macro-level issues' that shape our health and well-being. Among various horizontal factors, the work and work-place environment, the quality and availability of housing, the availability of resources for food and education are the essential ones that are largely shaped by the political, economic, and social forces operating at the micro level. Together these forces shape access to a variety of social determinants of health, manifest in hierarchies associated with caste, class, gender, religion, ethnicity, race and get materialised through social welfare policies like distribution of resources, access to opportunities (service, jobs, education, and housing) and political human rights; all these determine the health status of a population. However, among various important horizontal

structures, caste, gender, and religion-based stratification are too infrequently studied. It is more unfortunate that such issues are considered less important by health researchers, particularly when dealing with mental health issues. Therefore, a number of levels need to be addressed if mental health has to be analysed. The role of socio-economic and political forces in shaping both the determinants of mental health and mental health itself is a complex matrix which needs to be addressed using a multidimensional paradigm.

Mental Health

It is to be understood in light of the atmosphere around a being and the circumstances within which s/he lives, works and ages. Ironically, mental health and well-being are not regarded with the same solicitude as mental disorders. Mental health has been usually understood in terms of a continuum between "stronger minds" and "weaker minds"-an equilibrium that one has to maintain and a slight deviation from which traps one in a mire of suffering, pain and discrimination, not to mention the stigma of being labelled as having some or the other disorder. As cited by Macklin (1972, p. 348), Redlich and Freedman (1966) point out that 'the concepts of normality and abnormality are more complex in psychiatry than in general medicine, and some people have suggested abandoning the concepts of normal and abnormal behaviour entirely because simple concepts of health and disease do not apply'.

This prescriptive approach to mental health and more specifically to mental problems has not only increased people's sufferings but also *victimized* and *stigmatised* people to the extent of socially excluding them and treating them as outliers. Thus, it can be seen that the role of larger social, economic and political structures is being largely ignored or neglected, and this leaves us with a spate of thought-provoking questions. Is everybody without a *psychiatric diagnosis* in a state of good mental health? Does the absence of one thing ensure the presence of the other? If we are not (as is usually understood) 'deviants' or 'mental lunatics', are we healthy? As Jahoda[iii] points out (1958, cited in Macklin, 1972, p. 347) *'...the absence of*

disease may constitute a necessary, but not a sufficient criterion for mental health'. She further states that at present 'knowledge about deviations, illness, and malfunctioning far exceeds knowledge of healthy functioning' to the extent that this correlative conception of health and disease has left little, rather no space for well-being (ibid, p. 346). For those who urge a definition of 'mental health' based on a statistical consideration of correlation, it may sound nightmarish to know that a majority of the population is afflicted with some form of suffering (whether temporary or enduring) because of socio-economic inequalities, poverty, hunger, caste, class, gender, religion, region, ethnicity or exploitative structural reforms. Hence pure statistical considerations for specifying which behaviours and traits are 'abnormal' are insufficient for formulating a conception of mental health.

Positive Health vs Negative Health/ Health vs Deviance: Some Debates/arguments

One of the curious features of literature concerning mental health is the variability that exists in the definition of the concept. Mental health, as defined by the World Health Organisation is, 'a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (WHO, 2009, para. 1). On the other end of the continuum is mental illness, a term that refers to all mental disorders. It has always been easier to define mental illnesses than mental health. Mental health 'problems' or 'difficulties' are terms that can be used to describe temporary reactions to a painful event (not necessarily traumatic), stress or external pressures, or systems. There is a realization that good mental health enables people to realise their intellectual and emotional potential and to find and fulfil their roles in social and working life and is considered a resource for social cohesion, and greater social and economic welfare (Creek & Lougher, 2008). On the other hand, mental health is being equated with the presence or absence of mental disorders, and inter-linked with somatic diseases like hypertension or other heart diseases (WHO, 2003). In other words,

just because one does not suffer from a specific diagnosable mental illness, it doesn't mean s/he is mentally healthy. As compared to physical health, mental health is much more elusive in nature. Mental health reflects our overall well-being, especially our psychological and emotional. As an integral and inseparable component of the holistic concept of health and over all well-being, mental health is a by-product of the given social, economic and political system. For all individuals, mental, physical and social health, are vital and interwoven strands of life. The moment we realize and recognize this fact, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, mental health and mental well-being are not accorded anywhere close to the same degree of importance as mental illness. In contrast to mental illness/ mental disorders, mental well-being has been largely ignored or neglected.

Conclusion

Though psychological well-being is an intrinsic and inseparable part of holistic conceptions of health, it has always been accorded a very low priority among public health concerns. The belief that population health is influenced by non-medical and non-behavioural characteristics is shared – to varying degrees – by those working within the arc of public health approach to understand and promote health (Raphael, 2004). However, with regards to mental health this conceptualisation seems to focus more on individual 'discrete events' and behavioural aspects while progressively undermining other social, political, economic, cultural and more importantly structural underpinnings. Social determinants of mental health and well-being refer to macro-social influences that affect psychological well-being, such as poverty, caste, gender and religious affiliation that would prove very difficult for an individual to alter. These factors are found to be more prominent and prevalent in low and middle-income countries (Das *et al.,* 2007). In Indian context, interestingly the role of socio-economic and political forces in determining the quality of psychological well-being is largely either

ignored or neglected. Though the understanding of the social determinants of mental health remains in its infancy, there are enough evidences to show how mental health and well-being are fashioned by structural determinants including where people are raised, live, work; deeply rooted social norms and values, largely governed by the social structures like caste, class, gender, religion, ethnicity, etc.; and intermediate determinants which are the conditions of daily life and behaviour, such as poverty, unemployment, the quality of childhood and family environment, the nature of work and work-place conditions, the quality and availability of housing, and the availability of resources for food, recreation, and education, political and family violence, social inequity and inequality (CSDH, 2008). Moreover, in a stratified and hierarchical society where resources are unequally distributed among 'haves and have-nots' and where every person is being placed at a certain level, those at the bottom of the hierarchy will have the least access to resources. The health and well-being of powerless and marginalised minority sections of society are dependent on multiple factors requiring systemic understanding prior to different forms of interventions. This approach offers a broader based epistemology of health rather than individualistic, illness-oriented models that are focussed on by the bio-medical paradigm at the expense of more social determinants of health.

NOTES

[i] *Sine qua non* was originally a Latin legal term for "(a condition) without which it could not be" or "but for..." or "without which (there is) nothing."

[ii] Jus cogens: Here meant a 'right' from which no derogation is ever permitted.

[iii] Marie Jahoda is one the many theorists who explicitly reject any attempt to define 'mental health' as 'the absence of mental illness or disease' and is concerned with providing a workable positive conception of mental health.

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The Association between Diabetes Fatalism and Blood Glucose Testing among Type 2

Diabetic Patients

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Abstract

Diabetes fatalism is defined as "a complex psychological cycle characterized by perceptions of despair, hopelessness, and powerlessness" and is associated with poor blood glucose testing. This study examined the association between diabetes fatalism and blood glucose testing among patients with type 2 diabetes. Data on 500 subjects with type 2 diabetes recruited purposively from two major hospitals of district Srinagar were examined. Previously validated scales were used to measure diabetes fatalism and blood glucose testing. Pearson's Product Moment method of correlation was used to assess the relationship of diabetes fatalism and blood glucose testing. Findings revealed that diabetes fatalism has significant negative correlation with blood glucose testing. The results indicate that a relationship between diabetes fatalism and blood glucose testing play a significant role in the outcomes of diabetes care. Diabetes fatalism is associated with poor blood glucose testing and may be an important target for education and skills interventions in diabetes care.

Key Words: *Diabetes fatalism, blood glucose testing, type 2 diabetes*

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Introduction

Diabetes is a chronic disease which affects virtually every organ in the human system. The World Health Organization projected that 300 million people will suffer from diabetes by 2025 (King, Auburt, & Herman, 1998). India has the largest number of diabetic population in the world and it is expected that there will be 69.9 million diabetic populations in India by

2025 (King, Auburt, & Herman, 1998). Self-management is an essential element of diabetes care and refers to the individual`s ability to manage symptoms, treatment, physical and psychological consequences, and lifestyle changes inherent to this chronic condition (Barlow, Wright, Sheasby, Turner, and Hainsworth, 2002). It is a significant component of glycemic control in patients with Type 2 diabetes (T2DM). Poor adherence to blood glucose testing leads to increased complications and mortality (The Diabetes Control and Complications Trail Research Group, 1993). Recently, psychological variables have been recognized as a strong predictor of diabetes management. Gonzalez and colleagues conducted a metaanalysis in which fatalistic attitudes have been found to influence the decision to adopt effective self care behaviors (Egede & Bonadonna, 2003). Diabetes fatalism is defined as "a complex psychological cycle characterized by perceptions of despair, hopelessness, and powerlessness" (Egede & Ellis, 2010; Powe & Weinrich, 1999). Egede and Ellis (2010) hypothesized that "diabetes fatalism would correlate negatively with good diabetes self-care behaviour, glycemic control, and health related quality of life". Research has revealed fatalistic beliefs to be a barrier to successful diabetes self management, glycaemic control and health outcomes (Egede & Ellis, 2010). Osborne and Egede (2010) found an indirect association of diabetes fatalism with glycaemic control through four diabetes self-management practices: specific diet, general diet, foot-care and blood sugar testing. Keeping this in view quantitative correlational study was carried out to determine if diabetes fatalism is associated with medication adherence among patients with type 2 diabetes.

Objectives

- To assess diabetes fatalism among type 2 diabetic patients.

- To assess blood glucose testing among type 2 diabetic patients**.**

- To study the relationship of diabetes fatalism and blood glucose testing among type 2 diabetic patients.

Methodology

Research Setting

The research setting for the study includes two hospitals of district Srinagar-

- Shri Maharaja Hari Singh Hospital (SMHS), Government Medical College and Associated Hospitals, Karan Nagar, Srinagar.

- Jawahar Lal Nehru Memorial Hospital (JLNM), Rainawari, Srinagar.

    The study was conducted at the Outpatient Department of Medicine (Endocrinology unit) of SMHS hospital and Outpatient Department of the Medicine Unit of JLNM hospital.

Sample

    Present study consisted of 500 type 2 diabetic patients selected purposively based on the following inclusion and exclusion criteria:

Inclusion Criteria

- Must have received a diagnosis of type 2 diabetes mellitus.

- Are aged 21 or over.

- Are taking medication for their diabetes (e.g. oral medications, insulin, or both) for at least six months.

- Are willing to participate in the study.

Exclusion Criteria

- Patients diagnosed with type 1 diabetes mellitus.

- Patients from inpatient-department with acute diabetes-related complications or other psychological problems were excluded from the study.

- Lack of patient's consent to participate in the study was another exclusion criterion.

Study Instruments

1. Diabetes Fatalism Scale (DFS) (Egede & Ellis, 2010). DFS was used to specifically measure diabetes fatalism. The DFS is scored in such a way that higher scores represent

greater diabetes fatalism. It may serve as a valuable tool to identify patients experiencing high levels of emotional despair, hopelessness, and powerlessness linked to their diabetes that may benefit from targeted interventions. DFS consists of 12 items which are rated on a 6-point scale ranging from: 6 (strongly agree), 5 (moderately agree), 4 (agree), 3 (disagree), 2 (moderately disagree), 1 (strongly disagree). The reliability of the DFS is supported by the high internal consistency of the scale (α=0.804) and subscales (α=0.856, 0.774, and 0.769 respectively). The DFS has good face and content validity.

2. The Summary of Diabetes Self-care Activities Measure (SDSCA) (Toobert, Hampson, & Glasgow, 2000). The SDSCA scale was used to measure blood glucose testing of diabetic patients. The SDSCA is an 11-item self-report measure of the frequency of performing diabetes self-management tasks over the preceding 7 days. It includes items assessing the following aspects of the diabetes regimen: general diet, specific diet, exercise, medication, blood-glucose testing, foot-care, and smoking. Scores are calculated for each regimen as mean number of days over a week. The average inter-item correlations within scales were high (mean = 0.47), test-retest correlations were moderate (mean = 0.40). For the present study only blood glucose testing subscale was used.

Procedure

In the present study purposive sampling was used. Type 2 diabetic patients were approached personally at a out-patient departments of the already mentioned hospitals. Informed consent was taken from these patients in order to seek their voluntary participation and necessary instructions were given. Only those patients were included who agreed to take part in study.

Statistical Analysis

Obtained data were recorded on the prepared sheets. At first, the collected data were entered to SPSS version-20. The frequencies of quantitative data of diabetes fatalism and

blood glucose testing were calculated. Further, the data was subjected to Pearson's Product Moment method of correlation to find the relationship between the concerned variables.

Results and interpretation

The results and their interpretation is presented in the form of following tables

Table 1: Frequency distribution of type 2 diabetic adults on different levels of diabetic fatalism (N=500)

Levels	Low		Average		High	
	f	%	f	%	f	%
Diabetic fatalism	90	18.0	332	66.4	78	15.6

As per above table, 18.0% of type 2 diabetic adults fall in low level, 66.4% fall in average level and 15.6% fall in high level of diabetic fatalism.

Table 2: Frequency distribution of type 2 diabetic adults on different levels of diabetes fatalism (N=500)

Levels	Low		Average		High	
	f	%	f	%	f	%
Blood glucose testing	106	21.2	129	25.8	265	53.0

As per above table, 21.2% of type 2 diabetic adults fall in low level, 25.8% fall in average level and 53.0% fall in high level of blood glucose testing.

Table 3: Summary of Pearson Correlations between diabetic fatalism and blood glucose testing

Variables	Blood glucose testing
Diabetic fatalism	-.31**

**p$\leq$0.01, *p$\leq$0.05, NS Insignificant

Table 3 presents the results of the correlation analysis. Diabetic fatalism was found to be significantly correlated with blood glucose testing. The results revealed that diabetic fatalism ($r= -.31$, $p<.001$) is negatively correlated with blood glucose testing among type 2 diabetic adults.

Discussion and Conclusion

The study revealed that among 500 type 2 diabetic patients, 18.0% of type 2 diabetic adults fall in low level, 66.4% fall in average level and 15.6% fall in high level of diabetic fatalism. With respect to blood glucose testing 21.2% of type 2 diabetic adults fall in low level, 25.8% fall in average level and 53.0% fall in high level of blood glucose testing.

The study also revealed that diabetes fatalism negatively correlated with blood glucose testing. Findings showed that there was decrease in glucose testing when diabetes fatalism went up. These findings are consistent with the previous theory and research. Walker, et al. (2012) found that diabetes fatalism was negatively associated with blood sugar testing. Osborne and Egede (2010) found an indirect association of diabetes fatalism with glycaemic control through four diabetes self-management practices: specific diet, general diet, foot-care and blood sugar testing. Fatalistic beliefs have been found as a barrier to successful diabetes self management and health outcomes (Egede & Ellis, 2010). The reason behind this finding is that patients with fatalistic beliefs perceives health as being beyond one's control and instead dependent on chance, luck, fate, or God (Franklin, et al., 2007). Patients having fatalistic attitude have an external locus of control. These individuals have perceptions of hopelessness, worthlessness, meaninglessness, powerlessness, and social despair in their lives that affect their self-management.

Implications of the study

The study findings indicate that diabetes fatalism may be an important psychosocial construct to consider when designing interventions, and patients with this life outlook may

benefit from targeted interventions. Research has shown the success of psychosocial interventions on improving diabetes self care adherence, blood glucose levels and reducing diabetes-related hospitalizations (Delamater, et al., 2001). These findings suggest that patients exhibiting higher levels of fatalistic attitudes may exhibit lower levels of self management and that diabetes fatalism may be an important target for education and skills interventions in routine clinical care for diabetes.

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A Study of Depression and Suicidal Ideation among Unemployed

Youth in Jammu and Kashmir

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Abstract

The purpose of this study was to investigate depression and suicidal ideation among unemployed youth of Jammu and Kashmir. The sample comprised of 300(150 each) male and female youth of Jammu and Kashmir division of Jammu and Kashmir state. The data was collected with the help of Beck Depression Inventory (1996) and Beck Suicidal Ideation Scale (1979). The data was analysed with the help of SPSS technique. But the results revealed that there is no significant difference of depression level between male and female unemployed youth. But in the terms of suicidal ideation there is significant difference between male and female unemployed youth. The male unemployed youth shows maximum suicidal ideation as compared to the female unemployed youth.

Key Words: *Depression, Suicidal Ideation, Unemployed Youth*

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Introduction

In modern society, employment is a central feature of daily life and the main source of financial independence, status, prestige, identity and social participation. Unemployment is a worrying concept not only in India but also in developing countries. Since the beginning of planning in India, the youth have been recognized as the most vital section of the community. Among the problems faced by the youth, particular reference has been made to unemployment (Besides inadequate educational facilities and lack of opportunities for social development, national service and leadership). Quite appropriately, the problem of youth unemployment has been recognized as an aspect of the national unemployment problem. The

1991 census data have reported the number of youths in India as 153.5 million or 18.3 percent of the total population. However, these data excluded the State of Jammu and Kashmir, where the census was not conducted. If the estimated population of Jammu and Kashmir (7.7 million) had the same age distribution as the rest of India, the number of youth in India would be 154.9 million. In this context the present study was carried out to explore the suicide ideation and depression among unemployed youth in J&K.

Depression

Depression is a serious medical illness it is not something that one has made up in his head it is more than just feeling. "Down in the dumps" or "blue" for a few days. It is feeling "down" and "low" and "hopeless" for weeks at a time. Persons suffering from depression experience truly profound unhappiness and they experience it much of the time. They lost interest in all the usual pleasures of life. Eating, sports, hobbies all fail to provide the enjoyment and satisfaction people expect and usually derive from them. According to Nolen- Hoeksema, (1986) depression is considerably common among women than among men. According to Nolen- Hoeksema, (1986) depression is considerable common among women than among men. Depression tends to run in families (Egeland et.al 1987) and is about four times more likely to occur in both members of identical twin pairs than in both members of non-identical-twin pairs (Bowman and Nurbergers, 1993). The existing evidence suggest that genetic factor play a stronger role in bipolar than unipolar depression. The mood disorders may involve abnormalities in brain biochemistry. It has been found that levels of two neurotransmitters, neropinephrine and serotonin are lower in the brains of depressed persons than in those of non-depressed persons. The levels of these neurotransmitters are higher in the brain of person showing mania, when person who have recovered from depression undergo procedures that reduce the levels of serotonin in their brain, their depressive symptoms return within twenty four hours (Delgado et.al 1990). Not all person suffering from depression show

reduced level of nerropinephrine or serotonin and not all person demonstrating mania have increased level of these neurotransmitters. A current hypothesis is that low level of serotonin may allow other neurotransmitters such as dopamine and norepinephrine to swing out of control and that this, in turn may lead to extreme changes in mood. However, this is just one possibility, at present, the precise nature of the neurochemical mechanisms that play a role in depression remains uncertain. Another psychological mechanism that play a key role in depression involves negative views about oneself (Beck, 1976; Beck et.al 1979).

Suicidal Ideation

Suicide attempts primarily are actions of young people, at least two-thirds of suicide attempters are under 35 years of age (Hawton, 1992). In the United States women are about three to four times as likely to attempt suicide as are men. Rates of suicide attempts are also about four times higher in people who are separated or divorced than for any other marital status category (Clark, 1995). Most attempts occur in the context of interpersonal discord or other severe life stress. The story is different, however, for completed suicides, three to four times more men than women die by suicide each year in the United States. The highest rate of completed suicide is in the elderly (65 years and over). Although these rates had been coming down since 1930, especially for elderly men (Silverman, 1997) unfortunately there has also been a trend back upward during the 1980 and 1990. Among elderly victims, half or more suffer from a chronic physical illness that can lead either directly or indirectly (through depression) to the increased risk for suicide (Harvard Mental Health Letter, 1990). Suicide rate in the United States began declining in the late 1990 after 25 percent rise from 1981 to 1997 (Lentzner et.al 2001). Still more than 29,000 people took their own lives in 2000, making suicide the eleventh leading cause of death and the third leading cause among 15 to 24 years old unemployed youth (Anderson, 2002). The suicide rate in the United States 10.7 deaths per 10,000 population (Minino et.al 2002) is lower than that in many other

industrialized countries (Kinsella and Velkoff, 2001). A national study found that 60 percent of nonfatal self-inflicted injuries treated in United States hospital emergency rooms, especially among teenage girls and young women, are probable suicide attempts and 10 percent are possible attempts (Ikeda et.al 2002). The specific factors leading a person to suicide may take many forms much more often, suicide is associated with negative events such as severe financial reverses, imprisonment, or interpersonal crises of various sorts. The common denominator my be either that these events lead to the loss of absence of meaning to life and to hopelessness about the future (Beck et.al 1985). There is fair amount of evidence that suicide sometime runs in families and that genetic factor play a role in risk for suicide (Arango, 1997).

Objectives

1. To study the depression in male and female unemployed youth.

2. To study the suicidal Ideation in male and female unemployed youth.

Hypotheses

H_{01} There will not be no significant difference in depression among male and female unemployed youth.

H_{02} There will not be no significant difference in suicide ideation among male and female unemployed youth.

Sample

As per aims and objectives of the study 300 male and female unemployed youth were selected with the help of purposive sampling technique. All the selected unemployed youth belonged to Jammu and Kashmir.

Tools Used

 (A)   Beck's Depression Inventory: This inventory was developed by Beck (1996). Total 21 items are included in the inventory. Each item is rated on a four point scale ranging from zero to three (0 to 3).

(B) Beck's Scale for Suicidal Ideation: This scale was developed by Beck etal. (1979). Total 19 items are included in the scale. Each item is rated on a three point scale ranging from zero to two (0 to 2).

Data Analysis

The data was analysed with the help of appropriate statistical techniques with the help of SPSS.

Results and Interpretation

Table 1: showing the comparison of depression between male and female unemployed youth.

Gender	N	Depression Scores		't' Value
		Mean	**SD**	
Male	150	20.09	11.73	1.06^{NS}
Female	150	18.78	9.52	

NS = Not Significant

Mean, Standard Deviation and 't' value of depression is calculated and presented in Table 1 that describes the characteristics of the entire group and facilitates in the comparison of groups. Result reveals that there are variation in the mean scores of depression for the male

unemployed youth (N = 150) and female unemployed youth (N = 150). The male unemployed youth mean score 20.09 is greater as compared to mean score 18.78 of female unemployed youth. The 't' test is applied to check whether the differences between the mean scores are significant or not. The 't' value (1.06) for depression suggests that there is no significant difference on depression for the male and female unemployed youth. Accordingly the hypothesis "H_{01} There will not be no significant difference in depression among male and female unemployed youth"., stands accepted.

Table 2: showing the comparison of suicidal ideation between male and female unemployed youth

Gender	N	Suicidal Ideation Scores		't' Value
		Mean	**SD**	
Male	150	15.43	7.95	2.42*
Female	150	13.19	8.11	

*Significant at 0.05 level.

Mean, Standard Deviation and 't' value of suicidal ideation is calculated as shown in Table 2 that describes the characteristics of the entire group and facilitates in the comparison of groups. Result reveals that there are variations in the mean scores of suicidal ideation for the male unemployed youth (N = 150) and female unemployed youth (N = 150). The male unemployed youth mean score 15.43 is greater as compared to mean score 13.19 of the female unemployed youth. The 't' test was applied to check whether the differences between the mean scores are significant or not. The 't' value (2.42) for suicidal ideation suggests that there is significant difference between male and female unemployed youth in terms of

suicidal ideation. Hence our hypothesis "H_{02} There will not be no significant difference in suicide ideation among male and female unemployed youth" stands rejected.

Discussion & Conclusion

On the basis of research findings we have concluded that there is no difference in depression level of male and female unemployed youth. But in the terms of suicidal ideation there is significant difference between male and female unemployed youth. The male unemployed youth shows maximum suicidal ideation as compared to the female unemployed youth. One of the most decisive factors responsible for the unemployment in Jammu and Kashmir State is the negative attitude of the family and society towards the private sector . The government jobs in the state of Jammu and Kashmir are being attached a high preference and privilege . There still exists a high craze among the parents to see their wards working in the government sector, which puts extra stress on their wards. Thus, there is a dire need of a well devised social action programme to change the traditional outlook of the society especially in the context of the employment. This will enable the educated youth to build their career on the basis of their own initiative and self-determination rather than endlessly waiting for government jobs and taxing themselves.

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Change in People's Perception in-terms of Agricultural Land Usage in District Bandipora of

Jammu & Kashmir

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Abstract

Globalization has its impact in multiple ways on our lives. It has impacted not only the economy but the socio-cultural dimensions have also been touched up by its impact. With the introduction of agriculturally favorable and cost effective methods and tools like hybrid seeds, scientific usage, etc., the pattern of land usage has also changed considerably in the third world countries. The present study focuses on the trends in the agricultural land usage over the years and the factors responsible for these changes. The area of study has been selected as district Bandipora of Jammu and Kashmir. The study has been kept descriptive in nature using both primary as well as secondary sources of data collection. The primary source of data collection involves PLA/PRA techniques and the secondary included the various reports of Directorate of Economics and Statistics, Departments of Agriculture and Horticulture, Govt. of Jammu and Kashmir.

Key Words: *People's Perception, Agriculture, Land Usage.*

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Introduction

Agriculture is the backbone of Indian economy, with more than 60% of its population drawing their livelihood from this particular sector. India has come a long way since independence in terms of agricultural sufficiency. The following years of independence had given India a strong jolt in terms of food grain shortage. The food problems had risen significantly in proportion to population explosion. However, after late 60s there occurred a major breakthrough when the cultivation and production of food grains rose quite significantly, famously known as Green Revolution. The implementation of quite a good number of policies and programs with the strategic objective of slow opening of trade in agricultural commodities and addressing the problems of farmers has also lead India in attaining the much sufficiency in agricultural production. The area under the food grains has also risen significantly since 1951. In 1951 the all India area under food grains was 97.32 Million hectors, which has risen in 2015-2016 up to 122.65 Million hectors. Subsequently the production has also increased from 50.82 to 252.22 Million tons from 1951-1952 to 2015-2016 (Ministry of Agriculture & Farmers Welfare, 2016). From independence till now, the crop yield per hectare has increased from 522 Kg to 2056 Kg (Ministry of Agriculture & Farmers Welfare, 2016). Food Grains share the maximum area under agricultural land, which is 122.65 Million hectors, contributing about 252.22 Million tons in Gross Agricultural Production. Out of which, Rice contributes about 43.39 Million hectors in area, Wheat contributes about 30.23 Million hectors, Coarse Cereals contribute about 23.78 Million hectors (Ministry of Agriculture & Farmers Welfare, 2016). In this regard the importance of agriculture cannot be underestimated. Even though the share of agriculture and allied activities is shimmering down, yet the consumption of labour force in is of highest figure. It contributes to nearly 14 % of India's GDP and accounts for 11% of exports, besides providing

raw material to large number of Industries. Employment in agriculture contributes about 48.8% of total employed work force as per the latest estimate of NSSO, FICCI Research, 2011 (FICCI, 2012).

Administratively divided in three divisions of Jammu, Kashmir and Ladakh the state covers the total area of 222236 square kilometres and has a population of over 1.25 Crore (Chandramouli & General, 2011). Among the three divisions, Kashmir valley is mostly dependent on agriculture and government sector. Due to non-availability of corporate sector, most of labour force gets absorbed in agricultural and allied activities. As estimated about 70% of population still receives its livelihood from agriculture. According to an estimate Agricultural sector is contributing 13.7% of the GDP at national level and at state level it is contributing around 21.09% and the contribution of this sector to state income is 27% (Directorate of economics and statistics, 2014).

Methodology

The paper has tried to deduct inferences from secondary sources in order to understand the changing pattern of land usage over the years for Agriculture /Horticulture and allied activities. The study has used trend analysis where in a statistical procedure is performed to evaluate hypothesized linear and nonlinear relationships between two quantitative variables (Lavrakas, 2008). The trend analysis has been done first at state level. At the second stage the same analysis has been done for the district Bandipora for understanding the trend analysis over the years from 2010 to 2017. The secondary sources reviewed for this study include the statistical digest of J&K state, Published and Unpublished articles, and various governmental reports and studies conducted in the concerned field. The inferences have also been drawn by making use of PRA/PLA techniques like using seasonality diagram and trend analysis for understanding change in land usage patterns.

Results and Interpretation

a) Land Usage Pattern in J&K

The production of a particular crop is positively correlated directly to the land under cultivation for the crop. The study has found that there has been an evident shift in the overall cropping pattern within the State from the year 2010 to 2016. This shift can be seen in the following table.

Table 1: Total Area (hectares) Sown under different Crop in 2015-2016 (in comparison with 2010-2011)*

Crop sown	2010-2011	2015-2016
Rice	261.35	304.50
Maize	308.22	293.86
Pulses	28.91	15.01

*Source: Directorate of Economics and Statistics, 2016

The State has witnessed a major change in the cropping pattern in the time period of six years from 2010 to 2016. The area under Rice cultivation has increased from 261.35 to 304.50, but the area under Maize and Pulses cultivation has significantly decreased from 308.22 to 293.86 and from 28.91 to 15.01 respectively

Essentially, being an agrarian state, Jammu and Kashmir has a favourable climate and suitable topography for Horticulture production as well. A large chunk of population is potentially absorbed in this area for earning their livelihood. Horticulture has turned into the major industry for the state, which contributes largely to the Horticultural exports of the state. The major fruits are Apple, Pear, Apricot, Cherry, and Walnut etc.

Table 2: Total Area (hectares) Sown under different Horticultural Products in 2015-2016 (in comparison to 2010-2011)*

Products	2010-2011	2014-2015
Apple	141.71	163.43
Pear	125.35	150.06
Walnut	89.78	57.04

*Source: Directorate of Economics and Statistics, 2016

Change has been visible in the cultivation of Horticultural products as well. While the Apple and Pear cultivation area has increased, the production of Walnut has decreased. This shows the growing and positive perception of people for cultivation of Horticultural products.

Table 3: Total area (hectares) and its classification 2015-16 in District Bandipora*

Total Area according to village papers	Area under Forests	Land under Still Water	Social Forestry	Net Area Sown	Total Cropped Area	Net Area Sown more than once
34368	330	141	1610	25402	29022	3620

* Source: Directorate of Economics and Statistics, 2016

The table indicates that according to the village papers the total area of the district is 34368 hectors, out of which a total of 29022 hectors is under the crops (Directorate of Economics & Statistics, 2016).

Area sown in District Bandipora shows a diverse pattern. Rice, Maize and Pulses are some of the chief products produced. Others are Millets, Fruits and Vegetables. Following table shows the diversity of areas sown under different crops in Bandipora.

Table 4: Area (hectares) sown under different crops in Bandipora District in 2015-16*

Rice	Food Crops	Maize	Millets	Pulses	Fruits and Vegetables	Other Food Crops	Total Food Crops	Oilseeds	Fodder Crops
12726	12	6653	435	1789	3543	45	25191	1555	552

*Source: Directorate of Economics and Statistics, 2016

As observed in the trend analysis at state level, the production and area sown under different Agricultural and Horticultural products has significantly changed over the time span of 2010-2011 to 2015-2016. As evident from table (4) the total area sown under maize has increased up to 6653 hectors in 2015-2016 from 4886 hectors in 2010-2011. However, there has been a downward shift in the area sown under Pulses. Earlier in 2010-2011 it was 1859 hectors but in 2015-2016 it came down to 1789. People`s perception towards Pulses cultivation has changed, It is because of the increase in horticultural land usage, which has moved up significantly. In the horticultural products the area sown under Apple production has increased from 4548 hectors to 6160 hectors, taking 2010 and 2016 years as the points of reference. However such an increasing trend can't be seen in the rest of horticultural products. The production of walnut and pears has drastically moved down.

Table 5: Changing Agricultural Sown Area (hectares) Scenario in the District of

Bandipora*

Crops/Products		FY 2010-2011	FY 2015-2016
Agriculture	Rice	9906	12726
	Maize	4886	6653
	Pulses	1859	1789
Horticulture	Apple	4548	6160
	Pear	106	133
	Walnut	1694	1235

*Source: Directorate of Economics and Statistics, 2016

An important observation can be made here. The changing pattern of land though keeps changing, but it is contrast to the state level trend in the area in case of area under Maize. Area wise change in Rice, Pulses, Apple and other products is same, but not in case of Pulses, though positive in slope.

b) Irrigation and Canal System

Irrigation refers to the supply and distribution of water to the dry land for cultivation purposes. It includes both natural and man-made sources of water supply. In the district of Bandipora land is irrigated by Canals, Tanks and wells besides that Rain also helps in irrigation of land. Following table shows the area irrigated by different sources in the district of Bandipora.

Table 6: Area (hectares) Irrigated by different Sources in Bandipora in 2015-2016*

Canals	Tanks	Wells	Other Sources	Total Area
13861	79	72	1211	22182

*Source: Directorate of Economics and Statistics, 2016

Given to the changing land usage patterns there has occurred a change in the irrigation of land as well. The same has been illustrated in the following table;

Table 7: Agriculture Area under Irrigation in District Bandipora in 2015-2016*

Agricultural Crop	2010-2011				2015-2016			
	Area under Cultivation	Area Irrigated	Variation	Percentage Area Uncovered	Area under Cultivation	Area Irrigated	Variation	Percentage Area Uncovered
Rice	9906	9749	157	1.58	12726	12726	0	0
Maize	4886	952	3934	19.48	6653	1032	5621	15.51
Pulses	1859	391	1468	21.03	1789	517	1272	28.89

*Source: Directorate of Economics and Statistics, 2016

While using different sources of irrigation, the district of Bandipora has been able lessen down the Primary Agricultural product Rice cultivated area uncovered by irrigation to zero. However there is rise in uncovered area under Pulses form 21.03 hectors to 28.89 hectares (Directorate of Economics & Statistics, 2016).

Discussion & Conclusion

The descriptions as shown in the above tables are sufficient to depict the changing perception of people in the district of Bandipora which is enumerated under the following points;

- As we know that we as humans are driven by rationality that is why when making a decision about what to cultivate the cost benefit analysis is an important factor for that.

As far as the cultivation of paddy is concerned the findings reveal that there is very less surplus income the farmers get from the cultivation. So the farmers would at times prefer to leave their land un-cultivated.

- Decrease in water content or non-availability of irrigation at critical points, such as long spans of dry season is also an important factor. The cultivation of food grains particularly rice demands the availability of huge quantity of water for the irrigation purpose. Given that the farmers are most of the times dependent on the natural water resources, but over the years it has also been noticed that there has been a decrease in the availability of these natural water resources, which again puts its burden on the poor farmer.

- Non availability of functional irrigation system forces the farmers to look for other alternatives.

- The efforts and time spent on production of food grains is quite high in comparison to planting of timber producing trees such as popular, willow.

- The agricultural practices have now a day become high on investment and low on benefits, the farmers are moving away from farming to other high return yielding activities such as labor work and carpet viewing.

To conclude we can say that the socio-economic priorities and trends in the support system always determine the land usage pattern of a given area. This is directly correlated with the changing perception of people associated with a number of things, for example, technology, Governmental and Non-Governmental assistance provided, irrigation system etc. The same has been observed in the district of Bandipora, where there is swift shift from agricultural produce like rice to horticultural produce like apples. This shift is visible as far as the perception of

people is concerned. The people in the district are also moving away in the usage of land resources in order to gain maximum benefits out of it. This is also visible in the production yielded in Rice production, as it has increased many folds from 2010 to 2016. The findings of the study show how various determining factors can influence the decision of a farmer, whose survival depends on whatever produce he gets from his field. The state government should look into the trend analysis of cropping pattern at macro level so that an intervention to the said problem could be sorted out.

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Children of Working and Non-working Mothers - their stress and coping strategies

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Abstract

The study was undertaken to study the stress and coping strategies of children of working and non-working mothers. The sample of the study comprised of 200 children (100 each of working mothers and non working mothers) selected randomly from all Govt. high and higher secondary schools of zone Budgam. Cohen et.al (1983) perceived stress scale and Folkman and Lazarus (1988) scale was employed for the collection of data and t-test was used for the analysis of data. Bar diagrams and line graphs were drawn to make the results transparent. The results of the study reveal that children of working and non-working mothers are significantly different on stress. Children of working mothers are more in stress than children of non-working mothers. The study has revealed that children of working and non-working mothers differ significantly so far as their problem focused coping strategies are concerned. It has been found that children of non-working mothers are effort directed at defining the problems, generate alternate solutions and compare the costs and benefits of each alternative they choose and finally act upon the choice. The study also reveals that children of working and non-working mothers differ significantly so far as their emotion focused coping strategies are concerned. Working mothers are not available to their children; they take refuge in avoidance of the problem than to confront the problem. Less mother child interaction results into use of emotion focused coping strategies on the part of the children of working mothers.

Key Words: *Stress, Coping Strategies, Children, Working and Non-working Mothers.*

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Introduction

With the emergence of a new economic pattern, increasing opportunities for education, rising standard of living and increased modernization, women for the middle and upper class families have also started coming out from their traditional role of a home-maker to join the work force. The number of working women has been increasing year by year. The increasing number of the women in the work force has created number of problems to their children. The women who are in full time jobs which very often necessitates staying away from their families for long hours during the day create more disturbances for their children. Employment of women has created number of problems to their children and paved way for controversies regarding maternal employment.lt brings emotional deprivation to the school age children.

Sociologists, social psychologists and educationists got interested in the field of children of working and non-working mothers to find out the problems that the children of working mothers face. A galore of studies has been conducted by Hate (1930), Hoffman (1963), Moore (1963) , Mahajan (1966), Hate (1969), Bhatti & Bhatti (1971), Singh (1972), Miller (1975), Katz & Kahn (1978), Gold & Andres (1978), Robinson (1980), Hoffman (1980), Ramachandran (1981), Joan Lipstiz (1983), Bronfenbrenner, Henderson (1984), Alverez (1985), Rane (1986) , Kala (1986), Sharma (1986), Gowwamik (1987), Singh (1987), Mody and Murthy (1988), Ramu (1989), Vijay (1990), Blau and Grossburg (1992), Vijayarani (1992), Mathur (1992), Walzer (1996), Hussain & Smith (1999), Hill & others (2001), Brooks, Gunn, Han & Waldfogel (2002), Aizer (2004), Hock, McBride & Gnezda (2004), American Academy of Pediatrics (2004), Ora, Einaya & Ehlas (2006), Dhoundiyal (2006), Verropoulou and Joshi (2006), Hangal, Vijayalaxmi & Bowlby (2007) and many other researchers regarding the current study.

Today more mothers work outside the home than before. How this affects children depends partly

upon their age and partly upon the provision made for their care. The child usually feels lonely and unhappy when the mother is away for a major part of the day. In homes where mother works, there is a greater possibility that the home duties will get neglected or postponed or transferred, there are fewer opportunities for social life and recreation with the family. Children of such families are more expected to share in the household activities as compared to children of non working mothers. Children of working mothers have been found to be less well adjusted than children of non working mothers. These children tend to be nervous and irregular in their work habits which affect their school adjustment. Young children are more affected by the mother's employment than the older children; the girls are more affected than boys within the family. (Hoffman, 1989).

Santrock (2004) found out the children of working parents do not see their parents from time they leave for school in the morning until about 6 or 7 p.m. They are called "latch key" children, because, they are given key of their home while their parents are still at work. These children have negative latch key experiences. Without limits and proper supervision, these children find their way in a trouble more easily, possibly stealing, vandalizing or abusing a sibling.

When mother enters the employment market, their children face crises just form their early age. These children are reared usually by servants who are a bit older than these children. These servants usually cannot take proper care of these children as their mothers can. They face hardships in terms of emotional support of rearing. After these children are sent to school, usually both father and mother go to attend their jobs. Children after reaching home find the door locked from outside and wait for their parents to open the lock. In nuclear families most of the times these children sleep near the door.

Very few studies have been conducted on stress and coping strategies of children of working and non-working mothers, little is known about the stress and coping strategies of children of working and non-working mothers in Kashmir. To date, no study has been conducted on stress and coping strategies of children of working and non-working mothers in Kashmir. Thus, it is hoped that this study may contribute to the literature on stress and coping strategies. Knowledge about stress, coping strategies and can also be applied to frame policies and develop programmes aimed at helping them to better cope with stress and maintain good health. With this back ground, the present investigator wants to explore whether level of stress, coping strategies of children of working mothers is really different than the children of non-working mothers. The study will go a long way to help the planners and administrators to make arrangement of proper crèches for the children of working mothers. On the other land, the study would educate the working mothers to take care of their children for at least some period of time, otherwise their children would face crisis.

Objectives

1. To identify children of working and non-working mothers.

2. To study the stress level of the children of working and non-working mother.

3. To study the coping strategies adopted by children of working and non-working mothers.

Hypotheses

1. There is no significant difference between children of working and non-working mothers on stress.

2. There is no significant difference between children of working and non-working mothers on problem focused coping strategies.

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3. There is no significant difference between children of working and non-working mothers on emotion focused coping strategies.

4. There is no significant difference between children of working and non-working mothers on coping strategies (factor wise).

Operational Definitions

Working Women: Working women in the present study shall refer to educated women with educational qualification as graduation and above and are engaged in any government/semi-government, or private salaried job.

Non-working Women: Non-working women in the present study shall refer to educated women with educational qualification as graduation and above but not engaged in any government/semi-government, and private job.

Stress: Stress in the present study would mean the scores gained by sample subjects on Cohen et al (1983) perceived stress scale.

Coping Strategies: Coping strategies in the present study would mean scores gained by a sample subjects on Folkman and Lazarus (1988) ways of coping questionnaire.

Methodology

Sample: There are 6 educational zones in Budgam District. Out of these zones only one educational zone was selected. All the students belonging to working mothers were selected (N=100) and an equal number of Non-working mothers (N = 100) were selected randomly from High and Higher secondary schools of this zone. The age of the sample subjects ranged from (14-15 years).

Tools:

1) For the measurement   of stress   Cohen et.al   (1983) perceived stress scale has been administered.

2) For the   measurement   of   coping   strategies   of the sample subjects Folkman and Lazarus (1988) scale has been administered.

Data Analysis

The data collected was subjected to statistical treatment. For testing the null hypotheses formulated for the present study mean, SD and t-test were employed. Bar diagrams and line graphs were drawn to make the result transparent.

Results

The results obtained in the present study are presented below.

Table 1: Significance of mean difference between children of working mothers (CWM), N= 100 and children of non-working mothers (CNWN) N= 100 on stress.

Group	N	Mean	SD	t-value
Children of working mothers	100	26.22	7.32	5.04**
Children of non working mothers	100	20.67	8.24	

Note: **significant at 0.01 level

Table 2 :Significance of mean difference between children of working mothers (CWM) N= 100 and children of non-working mothers (CNWN), N= 100 on coping strategies (Problem focused)

Groups	N	Mean	SD	t value
Children of working mothers	100	9.65	5.08	2.82**
Children of non-working mothers	100	15.69	3.85	

Note: ** significant at 0.01 level

Table 3 : Significance of mean difference between children of working mothers (CWM) N= 100 and children of non-working mothers (CNWN), N= 100 on coping strategies (Emotion focused)

Groups	N	Mean	SD	t value
Children of working mothers	100	19.19	5.24	3.00**
Children of non-working mothers	100	16.17	2.34	

Note: significant at 0.01 level**

Table 4 : Comparison between children of working mothers (CWM) N = 100 and children of non-working mothers (CNWN), N= 100 on coping strategies (Factorwise)

Factors	Groups	Mean	SD	t-value
Confrontive Coping	CWM	2.4612	1.63	2.78**
	CWNM	3.60	3.76	
Distancing	CWM	3.19	2.14	2.84**
	CWNM	2.42	1.64	

Self controlling	CWM	9.29	12.57	
	CWNM	4.71	4.40	3.44**
Seeking Social support	CWM	4.51	9.29	
	CWNM	8.52	8.43	3.16**
Accepting responsibility	CWM	2.17	1.48	
	CWNM	1.67	1.40	2.42*
Escape avoidance	CWM	2.67	1.80	
	CWNM	1.75	1.20	4.25**
Planful problem solving	CWM	2.63	1.54	
	CWNM	3.57	4.11	2.12*
Positive reappraisal	CWM	3.08	2.20	
	CWNM	2.40	1.51	2.53*

Note: - Note: - ** - Significant at 0.01 level,* - Significant at 0.05 level,S – Significant, NS –

Not significant

Interpretation & Discussion

The pooled information in the above tables got through the appropriate statistical techniques employed has been summed up and discussed below.

As far as stress is concerned, the perusal of table 1 makes it clear that the mean score of children of working mothers (26.22) is higher than the children of non-working mothers (20.67). The difference between their mean scores has been found statistically significant at 0.01 level. This justifies that children of working mothers are more in stress than children of non-working mothers.

The results seems to be genuine on the ground that children of working mothers remain deprived of healthy family care, their children become more aggressive, less cooperative and less sympathetic. The family is a powerful determinant of child's intellectual development because of love, warmth, security, attention, acceptance, happiness and discipline it provides, which are the basic requirements for the healthy mental growth of a child. Since the working mother has less time to spend with her children, these children become victims of many problems and remain in stress. In   families where wife is talking up a job, the division of labour is not proportionally maintained with the result her home life is full of stress and strain. The uncongenial atmosphere at home affects their children's life to a great extent on the other hand, the homes where mother is always available for the satisfaction and needs of the children and without stress provides a healthy atmosphere for the child to be without stress.

The results discussed and analyzed on stress of children of working and non-working mothers are in line with Repetti and Wood (1997), Almedia, Wethington, Chandler (1999) Ratanen, Pulkeinen and Kinnuush (2005), Bonebright, Clay and Ankemann (2002), Repetti and Wood (1997) who found that there is connection between daily work stress and mother child interaction at the end of the workday. Mothers tend to withdraw from both positive and negative interaction with their children on stressful workdays. Almedia, Wethington and Chandler (1999) found that the connections between stress at home and at work and mother-child tension. The tendency for mothers and fathers to experience tense parent child interaction on days when they also experience other stressors was confined to families in which the mothers worked full time. Ratanen, Pulkinen, and Kinnunen (2005) found that neuroticism was positively linked to work-family conflict and family to work conflict. Bonebright Clay and Ankenmann (2000) revealed that workaholics were found to have significantly more work-life conflict than non-workaholics.

With this background the null hypothesis no.1: "There is no significant difference between children of working and non-working mothers on stress" is rejected.

As far as coping strategies are concerned, Folkman and Lazarus 1984 have clubbed three factors of coping strategies i.e. confronting coping, seeking social support and planful problem solving into problem focused coping strategies and have clubbed 5 factors of coping strategies i.e., self controlling, distancing, positive reappraisal, accepting responsibility into emotion focused coping strategies. The present investigator has also done the same and the results are discussed and analyzed below.

The perusal of the table 02 makes it clear that the mean score of children of working mothers on problem focused coping strategies (9.65) is lower than the children of non-working mothers (15.69). The obtained 't' value is significant at 0.01 level. The table shows that children of non-working mothers are effort directed at defining the problems, generate alternate solutions and compare the costs and benefits of each alternative they choose and finally act upon the choice. While reverse is true with the children of working mothers. The table shows that children of working mothers regulate their emotional responses through behavioral and cognitive approaches.

The perusal of the table 3 makes it clear that the mean score of children of working mothers on emotion focused coping strategies (19.19) is higher than the children of non-working mothers (16.17). The obtained 't' value is significant at 0.01 level. The results are justified on the basis that as mothers are not available to the children of working mothers they take refuge in avoidance of the problem than to confront the problem. Less mother children interaction results into emotion focused coping strategies.

The perusal of table 4 makes it clear that the mean scores on factor confrontive coping of children of working mothers (2.46) is lower than the children of non-working mothers (3.60) the mean difference is significant at 0.01 level. A look at this table reveals that children of working and non-working mothers differ significantly so far as their confrontive coping is concerned. The children of non-working mother at home have been found more responsible co-operative, helpful, outgoing, friendly and sociable and are better at solving problems. They are able to cope up with situations more intelligently and pay more attention to the worries and concerns of the others; they built rapport and make personal relationships with their classmates than the children of working mothers. The results seems to be justified on the basis that children of non-working mothers found their mothers always available who, helps, them to confront the problems they face.

The perusal of table 4 makes it clear that the mean score of children of working mothers (3.19) is higher than the mean score of children of non-working mothers (2.42) on factor 2 (Distancing). The obtained 't' value is significant at 0.01 level. Children of working mothers try to keep distance with their mothers. They make cognitive efforts to detach themselves from the situation or create a positive outlook children spend more time alone and become habitual of loneliness. On the other hand children of non-working mothers found their mothers around them in the home at any movement of time. Thus, a good rapport is being built with the child and other family members.

The perusal of table 4 makes it clear that the mean score of children of working mothers (9.29) is higher than the children of non-working mothers (4.71) on factor 3 (self control). The obtained 't' value is significant at 0.01 level. Children of working mothers use to keep their feelings to themselves. On the other hand children of non-working mothers are keeping their

feelings and things closed to others, also discuss their opinions and ideas with others. They also accept the suggestions of other persons.

The perusal of table 4 makes it clear that the mean score of children of working mothers (4.51) is lower than the children of non-working mothers (8.52) on factor 4 (seeking social support). The obtained 't' value is significant at 0.01 level. A look at this table reveals that children of working mothers differ significantly on seeking social support, children of non-working mothers try to acquire more information and emotional support. They pay more attention to the worries and concerns of others, they are found to be friendly, sociable helpful and sympathetic in dealing with people. They make good companions, because, they are pleasant and agreeable. They take professional help and ask others for advice. The result seems to be in expected direction because non-working mothers pay more attention to their children. Paying proper attention to the children which is the basic requirement for socialization.

The perusal of table 4 makes it clear that the mean score of children of working mothers (2.17) is higher than the children of non-working mothers (1.67) on factor 5 accepting responsibility. The obtained t-value is significant at 0.05 level. It indicates thereby that the Children of working mothers accept responsibility of the problems they suffer.

The perusal of table 4 makes it clear that the mean score of children of working mothers (2.67) is higher than the children of non-working mothers (1.75) on factor 6 (escape avoidance). The obtained 't' value is significant at 0.01 level. A look at this table reveals that on factor escape avoidance children of working mothers thinks wishfully about the situation or we can say that they can take actions quickly. Children of working mothers try to make themselves feel better by eating, drinking, smoking using drugs, or medication etc. also they use to sleep more than usual. The result seems to be in expected direction, because, working mothers pay less attention to their

children. They stay focused under pressure and hope that miracles would happen and problems would be solved themselves. While as non working mothers are in an interaction with their children. They in time help children to deal with the problems in hand and work out solution in order to solve the problem. This indicates that children of working mothers avoid confronting the problems or assignments they are assigned, while as children of non working mothers confront the problem, work at the plan and are hopeful of achieving the results.

The perusal of table 4 makes it clear that the mean score of children of non-working mothers (3.57) is higher than the mean score of the children of working mothers (2.63) on planful problem solving. The obtained 't' value is significant at 0.05 level. On this factor it has been found that children of non-working mothers make double efforts to make things work well. They make certain plans and follow them. They use past experiences in solving new problems, while reverse is true with the children of working mothers. Children of non-working mothers are fortunately at home, their mothers are available for them, they help them to plan in advance for completing the tasks they are assigned.

The perusal of table 4 makes it clear that the mean score of children of working mothers (3.08) is higher than the mean score of the children of non-working mothers (2.40). The obtained 't' value is significant at 0.05 level. The table shows that children of working mothers try to rediscover what is important for their lives. At times they are inspired to do something creative. They believe in outside support for dealing with the problems they believe more in the help of others and of God then their self-effort. While as reverse is true with the children of non-working mothers.

The results are in line with.Conger, Mc Craty, Yang, Lahey and Kropp, (1984), Repetti and: Wood (1997), Conger, Mc Craty, Yang, Lahey and Kropp, (1984) who found that maternal

distress will have an adverse influence on their parenting. They also found that parental distress mediates the relationship between stressful life conditions and parental behaviours. Repetti and Wood (1997) revealed that mothers increased job stress were found to express their affection towards, their children less often as their psychological and physical well-being is concerned.

With this background the hypothesis no. 2 "There is no significant difference between children of working and non-working mothers on problem focused coping strategies" is rejected.

Hypothesis no.3 "There is no significant difference between children of working and non-working mothers on emotion focused coping strategies" is rejected.

Hypothesis no.4 "There is no significance difference between children of working and non-working mothers on coping strategies factor wise – confrontive coping, distancing, self controlling, seeking social support accepting responsibility, escape avoidance, planful problem solving positive reappraisal" is partially accepted.

Conclusions

1. It has been found that children of working and non-working mothers are significantly different on stress. Children of working mothers are more in stress than children of non-working mothers.

2. The study has revealed that children of working and non-working mothers differ significantly so far as their problem focused coping strategies are concerned. It has been found that children of non-working mothers are effort directed at defining the problems, generate alternate solutions and compare the costs and benefits of each alternative they choose and finally act upon the choice.

3. The study has revealed that children of working and non-working mothers differ significantly so far as their emotion focused coping strategies are concerned. The study

has revealed that working mothers are not available to their children; they take refuge in avoidance of the problem than to confront the problem. Less mother child interaction results into use of emotion focused coping strategies on the part of the children of working mothers.

4.   The study has revealed that children of working and non-working mothers differ significantly so far as their confrontive coping is concerned. The children of non-working mothers are always available to their children and confront problems they face.

5.   The study has revealed that children of working and non-working mothers differ significantly so far as their distancing is concerned children of working mothers try to keep distance with their mothers they make cognitive efforts to detach themselves from the situation.

6.   It has been found that children of working and non-working mothers differ significantly so far as their self-control is concerned. Children of working mothers are much self-controlled as they use to keep their feeling to themselves.

7.   It has been found that children of working and non-working mothers differ significantly so far as their seeking social support is concerned. Children of non-working mothers try to acquire more information and emotional support; they pay more attention to worries and concerns of others.

8.   The study has revealed that there is significant difference between children of working and non-working so far as their accepting responsibility is concerned. Indicating thereby that children of working mothers accept responsibility of the problems they suffer.

9. The study has revealed that children of working and non-working mothers differ significantly so far as their escape avoidance is concerned. Children of working mothers think wishfully about the situation and take actions quickly.

10. It has been found that there is significant difference between children of working and non-working mothers so far as their painful problem solving is concerned. Children of working mothers make double efforts to make things work well, make certain plans and follow them.

11. The study has revealed that there is significant difference between children of working and non-working mothers so far as their positive reappraisal is concerned. Children of working mothers try to rediscover what is important for their lives. They believe in outside support for dealing with the problems.

Inferential Suggestions

The findings of the present study reveal that there are certain factors which can be improved so as to make children stress free, able to make use of certain coping strategies.

1. The working mother should stay at home when her baby is small. She should stay for at least two or three years with her baby.

2. The government should take proper steps for the benefit of children of working mothers. Working mothers should be given child care leave during the period when their child are very young (up to 3 years).

3. The children of working mothers don't get proper care from their mothers even when they return home after completing day work. They are usually exhausted and hardly get time to care for their children. Their children face crisis just from their early age. They face hardships in terms of emotional support and rearing. It is therefore necessary to

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take care for their children at least some period of time, otherwise their children would face crisis.

4. Working mothers should be sensitized about the problems of their children due to their absence in home during the infancy stage of their children.

5. There should be proper arrangements of crèches for children of working mothers. Crèches are necessary for the children of working mothers so that their proper development will take place.

6. Teachers, administrators and counselors should be sensitized about the level of stress and coping strategies of children of working mothers so that they would take proper measures for planning, counseling intervention for them.

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